



Full Membership Application—Health Facility

(If you have already filled out a preliminary application, please indicate name of the organization and proceed to Section 3.)

Section 1: Applicant Information

Name of Applicant: _____ Date: _____
Last Name First Name Title (mm-dd-yyyy)

Personal Identification Number

Please fill in applicable information.

End-User or Recipient Organization: _____
Legal Name Contact Person Position

Address

City and State Zip Code Country

Work Phone Cell Phone E-mail

For Profit Charitable* Governmental Religious

*Legal Date of Formation of Organization Legal State of your Organization (*You will need to provide a copy of your tax exempt approval letter.)*

Employment Identification Number Duty Free Import Number (if a charitable organization)

Tax ID

Sponsoring Organization: (if applicable) _____
Legal Name Contact Person Position

Address

City and State Zip Code Country

Work Phone Cell Phone E-mail

Is this the same organization that will use the donated equipment and supplies?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Would you like your container with medical equipment and supplies within 60 days?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you understand that NO medical equipment or supplies may be resold or traded?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Section 2: References

Please provide three references.

Name:

Relationship:

Organization:

Work Phone: ()

Address:

Cell Phone: ()

Name:

Relationship:

Organization:

Work Phone: ()

Address:

Cell Phone: ()

Name:

Relationship:

Organization:

Work Phone: ()

Address:

Cell Phone: ()

Section 3: Organization Description

Does your organization have a religious affiliation? Yes No If so, please indicate.

Is your organization associated with any local church? Yes No If so, please indicate.

Do you help disadvantaged people? Yes No If so, what percent? %

Do you help orphaned or disadvantaged children? Yes No If so, please indicate how.

Who is your targeted population? Adults Children Male Female

What is the total population served per year? / year

What are the immediate diseases that afflict your targeted population?

Please list as Attachment A.

Describe the healthcare facility that provides treatment for the affected population.

Clinic Dispensary Hospital Specialty Hospital

Indicate what type of treatment the healthcare facility provides:

Emergency	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Surgery	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Pediatrics	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Cardiology	Yes <input type="checkbox"/>	No <input type="checkbox"/>
X-ray	Yes <input type="checkbox"/>	No <input type="checkbox"/>	ENT	Yes <input type="checkbox"/>	No <input type="checkbox"/>
OB/GYN	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Laboratory	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Orthopedics	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Pharmacy	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Physical Therapy	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Other	Please list as Attachment B.	

Indicate the hours of operation of the facility.

List the number of staff at the facility.

Describe how the facility is funded.

Please list as Attachment C.

Are the services to the community free?

Yes No If not, please explain, as Attachment D, what is paid and how the cost is determined.

Describe the characteristics of the facility? (check all that apply)

Gas Sterilization Steam/Heat Sterilization Stable Current (110 voltz, 50 mhz) Stable Current (220 voltz, 50 mhz) Stable Current (220 voltz, 60 mhz)

As Attachment E, please explain why donated equipment and supplies are needed. Include how the donations will be used and who will benefit.

Section 4: Product Need

Please check the categories of your area of need.

- | | | | |
|---|--------------------------|---|--------------------------|
| Medical Equipment – Anesthesia | <input type="checkbox"/> | Medical Supplies – Ophthalmology | <input type="checkbox"/> |
| Medical Supplies – Anesthesia | <input type="checkbox"/> | Medical Equipment – Orthopedic | <input type="checkbox"/> |
| Medical Supplies – Apparel | <input type="checkbox"/> | Medical Supplies – Orthopedic | <input type="checkbox"/> |
| Medical Equipment – Bathroom Aids | <input type="checkbox"/> | Medical Equipment – Ostomy | <input type="checkbox"/> |
| Medical Supplies – Bathroom Aids | <input type="checkbox"/> | Medical Supplies – Ostomy | <input type="checkbox"/> |
| Medical Reference Books | <input type="checkbox"/> | Medical Equipment – Part & Accessories | <input type="checkbox"/> |
| Medical Equipment – Cardiovascular | <input type="checkbox"/> | Medical Supplies – Part & Accessories | <input type="checkbox"/> |
| Medical Supplies – Cardiovascular | <input type="checkbox"/> | Medical Equipment – Patient Care | <input type="checkbox"/> |
| Medical Equipment – Dental | <input type="checkbox"/> | Medical Supplies – Patient Care | <input type="checkbox"/> |
| Medical Supplies – Dental | <input type="checkbox"/> | Medical Equipment – Pediatric/Infant | <input type="checkbox"/> |
| Medical Equipment – Dialysis | <input type="checkbox"/> | Medical Supplies – Pediatric/Infant | <input type="checkbox"/> |
| Medical Supplies – Dialysis | <input type="checkbox"/> | Medical Equipment – Physical Therapy/Rehabilitation | <input type="checkbox"/> |
| Medical Supplies – Drapes/Linens | <input type="checkbox"/> | Medical Supplies – Physical Therapy/Rehabilitation | <input type="checkbox"/> |
| Medical Supplies – Dressings | <input type="checkbox"/> | Medical Supplies – Procedure Packs | <input type="checkbox"/> |
| Medical Equipment – Feedings | <input type="checkbox"/> | Medical Equipment – Respiratory | <input type="checkbox"/> |
| Medical Supplies – Feedings | <input type="checkbox"/> | Medical Supplies – Respiratory | <input type="checkbox"/> |
| Medical Equipment – Furnishings Hospital/Clinic | <input type="checkbox"/> | Medical Equipment – Surgical | <input type="checkbox"/> |
| Medical Supplies – Furnishing Hospital/Clinic | <input type="checkbox"/> | Medical Supplies – Surgical | <input type="checkbox"/> |
| Medical Equipment – Gastrointestinal | <input type="checkbox"/> | Medical Equipment – Surgical Drapes | <input type="checkbox"/> |
| Medical Supplies – Gastrointestinal | <input type="checkbox"/> | Medical Supplies – Surgical Drapes | <input type="checkbox"/> |
| Medical Supplies – Gloves | <input type="checkbox"/> | Medical Equipment – Surgical Instruments | <input type="checkbox"/> |
| Medical Equipment – Intravenous | <input type="checkbox"/> | Medical Supplies – Surgical Instruments | <input type="checkbox"/> |
| Medical Supplies – Intravenous | <input type="checkbox"/> | Medical Equipment – Suture | <input type="checkbox"/> |
| Medical Equipment – Laboratory | <input type="checkbox"/> | Medical Supplies – Suture | <input type="checkbox"/> |
| Medical Supplies – Laboratory | <input type="checkbox"/> | Medical Supplies – Syringe/Needles | <input type="checkbox"/> |
| Medical Equipment – Monitoring | <input type="checkbox"/> | Medical Equipment – Thoracic | <input type="checkbox"/> |
| Medical Supplies- Monitoring | <input type="checkbox"/> | Medical Supplies – Thoracic | <input type="checkbox"/> |
| Medical Equipment – Neuro | <input type="checkbox"/> | Medical Equipment – Urinary | <input type="checkbox"/> |
| Medical Supplies – Neuro | <input type="checkbox"/> | Medical Supplies – Urinary | <input type="checkbox"/> |
| Medical Equipment – Obstetric/Gynecology (OB/GYN) | <input type="checkbox"/> | Medical Equipment – X-Ray | <input type="checkbox"/> |
| Medical Supplies – Obstetric/Gynecology (OB/GYN) | <input type="checkbox"/> | Medical Supplies – X-Ray | <input type="checkbox"/> |
| Medical Equipment – Ophthalmology | <input type="checkbox"/> | | |

Are you willing to take expired items if they are sterile? (Make sure you know your country's laws in regards to expiration dates.)

Yes

No

Please list items as Attachment F that should not be sent due to weight, size, sterility or other reasons.

For Profits Only: Are you interested in negotiating a discount in exchange for medical teams and services for the underprivileged?

Yes

No

How were you referred to CAN? (check all that apply)

- Mailing List
 Personal Reference
 Internet
 Pharma Company
 Mission Affiliation
 Other

Section 5: Terms and Conditions

In order for you to receive a donation of or discounted medical equipment or supplies from Cornerstone Alliance Navigators, Inc. (CAN), through its Med-CAN program, you must acknowledge your agreement to comply with the following terms and conditions by reading each statement and signing your initials in the space provided:

- To be informed and to inform CAN, as soon as possible, about specific customs requirements in the country of the final destination in order to secure entry of the medical equipment and supplies;
- To understand that CAN, when donating medical equipment and supplies to nonprofit organizations, does not act as a seller for the purposes of products liability law or for any other purpose and that any fees received by CAN does not reflect a profit on a sale or imply that a "sale" has been transacted, but that such fees are solely used to reduce overhead costs and/or to reinvest in the mission and vision of the organization;
- To understand that donated products and/or equipment received from CAN are delivered and accepted "AS IS" and without any warranties of any kind, including any implied warranty of merchantability, nor any implied warranty of fitness for a particular purpose, and CAN disclaims any and all such warranties and all other covenants and promises of any sort or kind whatsoever;
- To understand that CAN, when reselling donated products, sells all products "AS IS" with a 30 day exchange policy or credit. Under no circumstance is there a money back guarantee;
- To understand, when CAN resells donated products, that the buyer has the ability to check, certify, repair, and maintain all equipment and supplies sold to meet the standards of the laws that govern their country;
- To understand that CAN is not responsible to supply the necessary economic, human, and technical resources to operate and maintain the donated supplies and equipment. CAN cannot guarantee to provide all items requested;
- To understand CAN does not receive, store, or ship narcotics or powerful drugs regulated by the FDA;
- To understand that the online inventory reflects the available supplies that CAN receives from its donor sources. The quantities displayed on the online inventory may not reflect the actual quantities available. The amounts should be used only as a reference when making application. CAN does not guarantee quantities of supplies available for shipment;
- To contract with a Customs Broker in the port of arrival or in the country of final destination;
- That the shipper ("Exporter of Record") on the Bill of Lading shall be the sponsoring organization. The sponsoring organization will provide to CAN their Employer's Identification Number (EIN) that will be included on all shipping documents;
- That the shipping terms are Freight On Board (FOB) Warehouse, meaning that CAN loads the equipment and supplies at the warehouse onto the container supplied by your designated carrier, and that CAN's title and risk ends once the loaded, sealed container leaves our premises;
- If any non-CAN items are placed in the shipment, the sponsoring organization accepts all liabilities pertaining to those items. CAN is not responsible of any losses during storage, staging, or shipping of such products. As managing company, CAN reserves all rights to open, inspect, and reject items;
- That CAN strongly recommends that you obtain adequate cargo insurance, such as FPA (Free of Particular Average) Insurance to protect you against potential financial loss. For a full understanding of FPA coverage, exceptions, and further options, if any, please contact your insurance underwriter or broker;
- To immediately notify CAN of the arrival of the donated medical supplies;
- To acknowledge receipt of the packing list/shipping manifest of the donation with a confirmation letter and a completed evaluation form to CAN within one month of receipt;
- I will notify CAN immediately of any diversion, loss or destruction of products;
- To share with CAN acknowledgements, including photographs, reports, distribution grids, or program evaluations;
- I will not return any donation to the United States;
- To indemnify, defend and hold CAN, its employees, volunteers, agents, members and partners harmless from any claims, liability, loss, damage or injury of any kind, including attorney's fees and costs of litigation, directly or indirectly resulting from or associated with the products or equipment delivered by CAN, including but not limited to liability suffered by the entity named below and any liability or injuries suffered by its healthcare workers, physicians and patients, and that the undersigned will not seek indemnity or contribution from CAN for damages arising out of the condition or use of products and/or equipment supplied by CAN;
- That this indemnity obligation by the undersigned shall be without regard to any negligent act or omission by CAN, its employees, volunteers and agents. CAN, its employees, volunteers and agents, are hereby specifically relieved of liability for their own negligence. Should either party be required to bring legal action to enforce the terms of this agreement, it is agreed that CAN shall be entitled to an award of costs and reasonable attorney's fees;
- The sponsoring and recipient organization guarantee that all medical supplies and equipment will be administered by medical professionals;
- To understand that these supplies carry no commercial value; therefore, these items are not to be sold or resold or exchanged for profit or personal gain;

- To understand that CAN is a Christian organization;
- To understand that all CAN donations must be distributed without discrimination of any nature, including politics, religion, and geographical location. A modest administrative fee for service is acceptable, but this fee must not be identified with the medical supplies or equipment provided by CAN;
- **All CAN donations are subject to possible audits by CAN or its partners. Should donated items be missing or not taken care of, CAN reserves the right to discontinue future donations.**

Also, to receive a donation of or discounted medical supplies and equipment from CAN, you must acknowledge your acceptance of CAN's Mission and Vision Statements by reading the statements and signing this application:

CAN's Mission is to advocate for the rights of the Fatherless by promoting best practices, information sharing and investment in superior long-term outcomes in orphan care.

Our Vision

Through promoting and sharing best practices among childcare organizations and advocates, all sectors involved with caring for the Fatherless will benefit. CAN, joining efforts with its partners and members, will effectuate higher standards in orphan care and as a result:

- *Donors* will have the certainty of contributing to well-managed and transparent organizations effecting higher impact outcomes in the lives of the Fatherless;
- *Orphan care partners & members* worldwide will use family model programs to restore families to the Fatherless and society, thereby helping to end cycles of broken families, orphans, exploitation of children, and economic distress on society;
- *Governments* will be more effective and efficient in their establishment and implementation of laws regarding child welfare, which in effect will establish higher standards of orphan care and decrease the probabilities of continual cycles of destruction;
- The dignity and rights of *the Fatherless* will be respected; generations of orphaned children will regain families, and will experience and recognize God's love within them and in their lives.

Disclaimer and Signature

I attest that my answers are correct and complete. I understand that by providing false information I will be disqualified for membership from this organization and program. Sign and fax this application to: 001-608-242-8390 or digitally sign, save and submit through email to: info@cornerstoneCAN.org

Name:

Position:

Signature: _____

Date: _____