

# Alaska Medical Missions

## Medical Supplies and Equipment Request Form

Alaska Medical Missions helps connect health resources in the United States – especially in Alaska – with urgent needs for medical supplies and other aid in developing areas all over the world through an extensive medical supply and equipment recycling program. AMM receives donations of fully functioning medical supplies and equipment from a number of sources, including military hospitals, manufacturers, private medical facilities and individuals. A volunteer labor force collects, inventories and stages donated items in our staging facility, after which they are distributed by short-term humanitarian teams, youth groups, medical professionals, career missionaries and other individuals traveling from Alaska to impoverished countries.

**AMM's Mission:** Motivated by the love of Christ, Alaska Medical Missions provides medical resources and professional support to communities in need around the world.

The following information is required by AMM before a donation of medical supplies or equipment can be provided to you or your organization. The answers to the following questions will provide us with an overview of your working situation and allow us to respond in the most appropriate way possible. Once you have completed and submitted the application, it will go through an internal review process and AMM will determine if we are able to assist your program/mission and to what extent. We ask that you allow 1-3 weeks from date of submission for processing of the application.

You may complete the “Medical Supplies and Equipment Request Form” online or print it and complete it offline. If you choose the “offline” option, **once the application is complete, please send along with supporting material to:**

Alaska Medical Missions  
Attention: Dave Kuiper  
1805 Academy Drive  
Anchorage, Alaska 99507  
Fax: (907) 522-7201  
Email: [dkuiper@christianhealth.org](mailto:dkuiper@christianhealth.org)

**Alaska Medical Missions: Medical Supplies and Equipment Request Form**

Date \_\_\_\_\_

Name of Your Organization: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Title/Position: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

City: \_\_\_\_\_

Fax: \_\_\_\_\_

State: \_\_\_\_\_

Email: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Website: \_\_\_\_\_

Country: \_\_\_\_\_

**1. Do you/your organization have a religious affiliation? (Not required to receive donations)**

No: \_\_\_\_\_

Yes: \_\_\_\_\_ Please identify: \_\_\_\_\_

**2. Is your organization registered as a US 501 (c)(3) tax-exempt organization?**

Yes: \_\_\_\_\_

No: \_\_\_\_\_

**3. How long have you been organizing mission trips/managing in-country programs?**

\_\_\_\_\_

**4. For SHORT TERM trips only: How often do you schedule medical trips?**

Once a year \_\_\_\_\_ 2 x a year \_\_\_\_\_ Other \_\_\_\_\_

**5. Please provide 2 references:**

a. Contact Person: \_\_\_\_\_

b. Contact Person: \_\_\_\_\_

Organization: \_\_\_\_\_

Organization: \_\_\_\_\_

Phone number: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

**6. Name and contact information of the facility or organization which will be the recipient of donation:**

Organization Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province/State \_\_\_\_\_

Country: \_\_\_\_\_ Website \_\_\_\_\_



**9. In order to receive a donation of AMM medicines and medical supplies 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.**

*Name, position and signature of the representative of the applicant organization acknowledging this agreement:*

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Position: \_\_\_\_\_ Date: \_\_\_\_\_

- I will insure that all AMM medicines and medical supplies donated to me/my organization will be distributed free of charge and without discrimination of any nature, including race, religion, gender, politics, nationality or geographic location. \_\_\_\_\_
- If a modest administrative fee for service is charged by my organization or the medical facility where services are performed, I will insure that this fee is not identified with the AMM medicines or supplies provided. \_\_\_\_\_
- I will not return any donation to the United States. \_\_\_\_\_
- I will not sell or exchange any donation for property or services. \_\_\_\_\_
- I will provide AMM with narrative feedback, including photographs, reports, distribution grids, or program evaluations for each shipment received. \_\_\_\_\_

*Most recipients of products provided by AMM pick them up from our staging facility in Anchorage, Alaska. AMM does not normally provide shipping. However, arrangements can be made for this service with all costs associated with such service and AMM related administrative expenses to be paid for by the applicant. These arrangements are to be made additionally and separately from this application process with the staff of AMM.*

**10. Date product is requested for pick up at our staging facility in Anchorage, Alaska.** \_\_\_\_\_

**11. AMM provides an itemized list of donated products and a letter of donation for each shipment. Does AMM need to provide any other documents to ensure delivery of medicines into the country?**

No: \_\_\_\_\_  
Yes: \_\_\_\_\_ Please specify: \_\_\_\_\_