

Baptist Mobile Health Ministry

Project Director's Packet

Updated 11/18/25 by Marcia McCart



Baptist Mobile Health Ministry, Inc.
Ministerio de Salud Móvil Bautista, Inc.

1353 Riverstone Parkway
Suite 120-164
Canton, GA 30114



Chairperson: John D. Peacock, D.D.S. • Vice-Chairperson: Ronald Pirtle, M.D. • Secretary: Mrs. Debbie Hendrix
Treasurer: Ted C. Kandler • Baptist Mobile Dental Health Ministry Coordinator: Tom Crites

An Autonomous IRS Section 501(c)(3) Not-for-Profit Faith-based Ministry Established 1995

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Woodstock, GA
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Toccoa, GA

Dear Project Director,

We are very pleased that you are planning to host a health event for the underserved of your community. It is our desire to assist you in any way that we can to make it a successful event. The dates that you have requested have been placed on our project schedule, with a non-refundable event fee of \$275.00. We will not give the dates to anyone else without first discussing this with you. I will also want to arrange a meeting with you and your committee soon.

Enclosed you will find several forms divided into two (2) sets. The first set is for your committee and begins with the *Committee Information Form and Indemnity Provision*. Please complete these as soon as your committee has been formed and return it along with the *Project Covenant* and your event fee is due at this time. A list of your professional volunteers must be in the office not later than six (6) weeks prior to your event and the *Final Checklist* is due four weeks before the project.

The second set contains assorted information for your use in recruitment of professionals. Please review all of that information and select the appropriate sheets of data to be duplicated and given to the volunteer. Each licensed health care professional (physician, nurse, physician assistant, nurse practitioner, dentist, hygienist, etc.) should complete the *Professional Application Form* as soon as possible after committing to participate in your project, as we will need to verify the status of their current license. This form must be submitted yearly. The other information will answer questions that they may have.

Baptist Mobile Health Ministry, Inc. (BMHM) carries both vehicular and professional liability insurance to cover the ministry in the event of injury due to a fall, etc. or use of its equipment by volunteers, but we do not carry blanket malpractice insurance. Physicians and dentists are asked to verify that they carry \$1,000,000.00/ \$3,000,000.00 malpractice coverage. All persons who will receive treatment will be asked to sign a statement releasing your church or association, professional personnel and the ministry responsibility for an injury or complication related to the care or treatment that is rendered to them.

In addition, we have enclosed information regarding the Georgia Volunteer Health Care Program (GVHCP). We strongly recommend that you consider offering this coverage to the professional volunteers. If you decide to participate in this program, you will need to sign up with the Georgia State Health Department for this coverage and to partner with them in order to have your volunteers covered. Please speak with the BMHM Baptist Mobile Dental Health Ministry Coordinator regarding this option and how to contact the GVHCP representative assigned to your area of the state.

Thank you again for your willingness to offer spiritual and medical/dental attention to the underserved persons in your community. Feel free to contact me at any time at 678-576-3636.

In His Service,

Tom Crites
Baptist Mobile Dental Health Ministry Coordinator Baptist



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Dear Project Director,

We are aware of the difficulty of obtaining professional volunteers for your events. You have reported that some professionals have expressed concerns regarding being sued or that their insurance carriers may not allow them to participate.

In an effort to eliminate this concern, the Baptist Mobile Health Ministry, Inc. (BMHM) Board of Directors has signed on to participate in the Georgia Department of Public Health (GDPH) Georgia Volunteer Health Care Program (GVHCP), also known as Health Share Volunteers in Medicine Act. Enclosed you will find a document explaining this program.

How does this affect your event? First of all, if a professional chooses to become a participant in this program, he/she will involve their insurance carrier and will be given sovereign immunity so that he/she cannot be the object of a suit brought by a client whom they treated while serving a volunteer at your event. Instead, the client would have to bring suit against the State of Georgia. (Clients also will continue to sign our release of liability toward BMHM, your church or association and volunteers.)

Secondly, clients who present to your event will be interviewed by one of your volunteers who have been trained by a GVHCP representative and have undergone a background check by this program. The clients will be asked to attest to the fact that their household income is at or below 200 percent of the Federal Poverty Level (FPL). Then, they will go through the registration process to be seen by the event personnel. (We have always asked that you publicize that your project is for those who do not have dental insurance or have no other means of obtaining medical/dental care so that those who really have need will be served.)

However, this does not mean that you must exclude others, such as your own church members, from being screened. It does mean that any professional who chooses to serve such persons will not be covered under the immunity program for any care that they render these clients. **Both the client and the professional must be participants of the program for the professional to be covered for any particular treatment.**

How does this affect your planning? First you and your committee will need to decide if you will offer this insurance to the professionals. If so, the BMHM Administrative Assistant will have the GVHCP representative to contact you. You will be asked to share this letter and the enclosed information with each licensed professional volunteer, i.e., doctor, dentist, physician assistant, nurse practitioner, hygienist, nurse, etc. Then a list of those volunteers who want to participate in the program along with their contact information, i.e., email address, mailing address, etc., should be sent to the GVHCP representative so that a packet of information can be forwarded to them. Upon receipt of the professional's application form, GVHCP personnel will check their credentials with the Georgia Dental Board website to make sure that they are in good standing and have no board orders in their history. (This is the same process we carry out in our office to protect all of us from liability issues.) At this point, you and we will both be given a list of those who will be covered and allowed to render care. You can assure the professionals that their information will not be shared with anyone other than those who are involved in the credentialing process.

Secondly, you will be asked to recruit four (4) to six (6) persons who will be responsible for the interviewing of clients during the screening day or night and that at least one (1) of them will be present throughout the event. The GVHCP representative will be responsible for training these volunteers and who will have had a background check and will be present during the screening day/night to assist them in their interviews and will remain on site until the volunteers feel comfortable with the process.

We would like for you to read the enclosed document and discuss this with your committee and any others that you feel you should include. You can contact me for any clarification of this process and also to let me know your decision regarding this program. I will be in touch with you within the month of your receiving this letter if I have not heard from you.

The DPH does not interfere with our evangelism effort. However, they do not want us to witness to the clients during the time that they are interviewing them because the clients are discussing private information. We also need to be careful that we never give the appearance that the client must become a Christian in order to receive treatment. This does not mean that a doctor, dentist, volunteer or BMHM coordinator cannot offer to pray with them prior to a procedure or respond to any question regarding spiritual matters that the client might have. We do not feel that this is a matter for concern and that there will be ample opportunity to witness to clients.

You are not obligated to participate in this program, however, we feel that this will strengthen your volunteer base and assure that you are serving the "undeserved" of your area. Your decision in no way affects your relationship with this ministry. We value the opportunity to partner with you as you serve your community for the Lord.

In His Service,

Tom Crites
Baptist Mobile Health Ministry Coordinator
Baptist Mobile Health Ministry Foundation, Inc.

Enclosures

Project Covenant

1. Project dates are not permanently reserved until the *Committee Information Form*, *Project Covenant*, *Indemnity Provision* and the current event fee made payable to Baptist Mobile Health Ministry (BMHM) are received in the BMHM office.
2. The names of the professional volunteers listed on the *Schedule for Dental and Health Professional* form, confirmation of their participation and their completed applications must be returned to the BMHM office **six (6) weeks** prior to the project. If the Professional volunteers have not committed at this point, BMHM participation is subject to cancellation as it would be highly unlikely that the personnel could be recruited before the date of the event.
3. The *Final Check List* is to be completed and forwarded to the BMHM office four (4) weeks prior to the project.
4. Unless dental appointments have been made because of prior screening, those who present will be taken on a first come, first served basis. If there are too many people desiring dental work, those with pain and/or great need should receive priority.
5. The project director should ask the dentists how long they will work and what treatment they will provide (some do not do extractions; some only do extractions.) This information is given to the Baptist Mobile Dental Health Coordinator so that screening and patient treatment appointments can be made. This will enable us to treat as many people as possible, while not having to turn away people who are expecting treatment.
6. In the event of inclement weather (threats of tornado, ice, snow, etc.) that would endanger the safety of the mobile unit, patients, volunteers or BMHM personnel, the point person has the authority to cancel our participation or to conclude a project early.
7. The unit and its personnel are only allowed to operate in the state of Georgia due to licensure of the professional personnel and the ministry insurance coverage
8. Mobile Unit Coordinators shall be responsible for seeing that OSHA, CDC and Georgia State Department of Health regulations and standards are in place and are followed. If any infractions occur, the Point Person has the authority to request that the professional volunteer comply with the standards. All infractions shall be reported to the BMHM Board of Directors for further action.
9. While project directors are free to plan and implement medical/dental activities, they must follow the policies of our professional liability carrier in order that the ministry and the association or church may have that coverage. This includes the mandatory use of our paperwork which has the liability releases and provision for accurate documentation.

10. Each project that shall include medical screening shall have a physician or Physician assistant, nurse practitioner who is working under the credentials or a physician on site who will address any and all abnormal findings. It is not necessary for one of these to be on site for a project that is dental only.
11. During a medical and/or dental project, all abnormal findings shall be disclosed to the patient and the patient must be seen by the volunteer physician or physician assistant, nurse practitioner who is working under the credentials of a physician on the premises for evaluation. Should this professional recommend emergency care, he/she should explain this to the patient along with the risks of not following the advice. (If there is no MD, PA, NP on site, then the licensed professional with the highest level of certification shall be in charge of this procedure.) In the event that the patient refuses to do what is recommended, he/she must sign the document for refusal of treatment. Each section of the document shall be explained to the patient, and he/she initials it. The document shall be signed by the patient, and the signature shall be witnessed by the person who explained it to him/her. If an interpreter has been utilized in this process, that person shall be the witness and under that signature add "and interpreter" after the word "witness".
12. The project director shall have a process in place whereby emergency follow-up care can be provided (perhaps a dentist who could not volunteer but agreed to be available to see a patient in his/ her office or the ED.) If a dental procedure in progress cannot be accomplished, the patient is to be transported or referred to an appropriate professional for completion of the work. If transportation or referral is refused, the patient must sign the *Refusal of Emergent Care* document releasing responsibility for any complication resulting from the refusal of additional care.
13. The project director shall assist in arranging for the emergency follow-up care and for the appropriate transportation, but neither the project personnel, association, church BMHM nor volunteers shall be financially responsible for that transportation or subsequent care.
14. The project director or his/her appointed person shall remain on site until all patient care is completed and the unit is ready to depart.

As project director, I have read and understand the above statements and have conferred with the person in my church or association who has the authority to permit me to sign this document. We agree to all of the above policies.

Project Director

Date

Sign and Return this form to: Baptist Mobile Health Ministry, Inc.
 Marcia McCart
 Communication Coordinator
 Marciamccart.bmhm@gmail.com

A Cooperative effort between the Georgia Baptist Healthcare Foundation, Mission Georgia offering, grants and gifts from churches and individuals enable us to partner together in fulfilling the Great Commission

**BAPTIST MOBILE HEALTH MINISTRY, INC.
PROFESSIONAL INFORMATION FORM**

Name and title _____

Address _____

City _____ State _____ Zip _____

Office phone _____ Cell phone _____

Email Address _____ Specialty: _____

Church where project is held _____

How are you interested in serving with the Baptist Mobile Health Ministry? _____

(Dentists) please circle: Left or Right-handed I provide fillings Y N Extractions Y N

How did you hear about Baptist Mobile Health Ministry? _____

Are you volunteering for a particular health event? _____ If so, which one? _____

Georgia License Number _____ Expiration Date _____

DEA Number _____ Expiration Date _____

Malpractice Carrier: _____

Policy number: _____ Expiration Date _____

The Baptist Mobile Health Ministry, Inc. Board of Directors would like to thank you for your willingness to be a part of this ministry. Our team members look forward to working with you.

“In as much as ye have done it to the least of these, my brothers, you have done it unto me.”

Matthew 25:40 KJV

Please email to Marcia McCart: marciamccart.bmhm@gmail.com

678-776-7650

Updated by Marcia McCart 04/14/26

A Cooperative effort between the Georgia Baptist Healthcare Foundation, grants, and gifts from churches and individuals enable us to partner together in fulfilling the Great Commission

SCHEDULE FOR DENTISTS AND HEALTH PROFESSIONALS

Note: Please only schedule two shifts per professional per day. This may be morning and afternoon OR afternoon and evening, in any combination you desire.
If MU3 is being used, there are only 2 chairs

PROJECT DATE _____

ASSOCIATION _____

CHAIR 1

DAY:	DAY:	DAY:	DAY:	DAY:
SESSION 1	SESSION 1	SESSION 1	SESSION	SESSION 1
DENTIST/HYGIENIST	DENTIST/HYGIENIST	DENTIST/HYGIENIST	DENTIST/HYGIENIST	DENTIST/HYGIENIST
ASSISTANT:	ASSISTANT:	ASSISTANT:	ASSISTANT:	ASSISTANT:
SESSION 2	SESSION 2	SESSION 2	SESSION 2	SESSION 2
DENTIST/HYGIENIST	DENTIST/HYGIENIST	DENTIST/HYGIENIST	DENTIST/HYGIENIST	DENTIST/HYGIENIST
ASSISTANT:	ASSISTANT:	ASSISTANT:	ASSISTANT:	ASSISTANT:

CHAIR 2

DAY:	DAY:	DAY:	DAY:	DAY:
SESSION 1	SESSION 1	SESSION 1	SESSION	SESSION 1
DENTIST/HYGIENIST	DENTIST/HYGIENIST	DENTIST/HYGIENIST	DENTIST/HYGIENIST	DENTIST/HYGIENIST
ASSISTANT:	ASSISTANT:	ASSISTANT:	ASSISTANT:	ASSISTANT:
SESSION 2	SESSION 2	SESSION 2	SESSION 2	SESSION 2
DENTIST/HYGIENIST	DENTIST/HYGIENIST	DENTIST/HYGIENIST	DENTIST/HYGIENIST	DENTIST/HYGIENIST
ASSISTANT:	ASSISTANT:	ASSISTANT:	ASSISTANT:	ASSISTANT:

CHAIR 3 (MOBILE UNITS 1 & 2 ONLY)

DAY:	DAY:	DAY:	DAY:	DAY:
SESSION 1	SESSION 1	SESSION 1	SESSION	SESSION 1
DENTIST/HYGIENIST	DENTIST/HYGIENIST	DENTIST/HYGIENIST	DENTIST/HYGIENIST	DENTIST/HYGIENIST
ASSISTANT:	ASSISTANT:	ASSISTANT:	ASSISTANT:	ASSISTANT:
SESSION 2	SESSION 2	SESSION 2	SESSION 2	SESSION 2
DENTIST/HYGIENIST	DENTIST/HYGIENIST	DENTIST/HYGIENIST	DENTIST/HYGIENIST	DENTIST/HYGIENIST
ASSISTANT:	ASSISTANT:	ASSISTANT:	ASSISTANT:	ASSISTANT:

Pre-screening Questions

Dental procedures we provide are fillings, extractions, and cleanings. We cannot do crowns, root canals, removables (partials & dentures), or involved surgical extractions (which usually precludes difficult 3rd molar extractions). Also, patients that are in their first 3 months of pregnancy will not receive X-rays or treatment. To schedule an appointment to see the dentist or hygienist, we need to ask several questions:

Are you 18 or older? _____ Do You have dental Insurance? _____ (If they are not over 18 or they have dental insurance, we cannot treat them on the bus). Have you ever been treated on the BMHM dental bus? _____

1. Are you having any Dental concerns? _____ If so, is it causing you any periodic pain or keeping you up at night? _____ Does hot, cold, or chewing make your teeth hurt? _____

2. When was your last dental visit? _____ Do you have dental insurance? _____

3. Do you have all your teeth? _____ Any Removable Appliances? _____

4. Have you been told you have periodontal or gum disease? _____

5. Have you ever been told you need to take an antibiotic prior to receiving dental care? _____ For example: because of any *prosthetic joint or *prosthetic heart valve repair or replacements, or because you've had an *organ transplant.

(we have antibiotics on the Units to premedicate patients 45 Minutes or more before their appointment, however, they need to consult their doctor prior to treatment! It is recommended that no elective dental work be done for at least 6 months after organ transplants and 3-6 months after prosthetic joint and heart valve repair/ replacements)

6. Are you currently taking antibiotics? _____ If so, which medication and for what?

7. Are you on or ever been on medication for osteoporosis or osteopenia, diabetes, cancer, anxiety? _____ Are you currently on blood thinners? _____ If so, which medications?
_____ If you specifically take the medication Coumadin/Warfin, a current INR from your physician will be necessary. (International Normalized Ratio= how long it takes for your blood to clot)

8. Do you now have or have you ever been told that you have High Blood Pressure? _____ Do you take medication for HBP? _____ If so, remember to continue taking HBP meds as prescribed.

9. Will you need assistance or use of the handicap ramp? _____

These pre-screening questions will help with scheduling and give the patient time to contact their physician as needed. **Remind patients taking high blood pressure medication to take their meds on treatment day and avoid salt, sugary foods, and caffeine before their appointment.**

Date _____ Name _____

Appointment Day _____ Appointment time _____ Primary Language _____

We are looking forward to your Mission Partnership and we want to help you plan and be prepared. Below is a list of responsibilities and expectations for Baptist Mobile Health Ministry, the Church, the Project Director, and the patients.

If you have any questions, please feel free to reach out to our Communication Coordinator, Marcia McCart or the point person assigned to your project.

Baptist Mobile Health Ministry/Communication Coordinator responsibilities:

- To help your project run as flawless as possible
- To get all paperwork to you on a timely basis
- To inform you of who your point person will be as soon as they are appointed
- To provide a driver, unit coordinator, and point person for each unit
- To provide lodging and meals for any BMHM **trainee** that might be on the project
- To provide the dental unit and ensure that it runs as flawlessly as possible
- To vet the Dentists and other professionals if the DPH is not doing so
- To follow up with you on a regular basis
- To stay in touch with you after your project and help you get on the books for the next year

Point Person responsibilities:

- To reach out to the project director as soon as possible after being appointed the project
- To keep in touch with the project director and answer any questions or concerns that they may have
- To keep in touch with the appointed BMHM team that will be on the project
- To provide project particulars to the appointed BMHM team
- To get any project paperwork that the Communications Coordinator did not send
- To help coordinate patient's treatment and serve as needed on the unit
- To remain on the property until the driver leaves with the unit

Church responsibilities:

- To provide a team or person to present the Gospel to the patients (If you do not have someone, please reach out to our communications director, Marcia McCart and we will do what we can to help you find someone or have our team come prepared to at least expose Jesus to each patient)
- To appoint someone to act as Project Director
- To provide dentists **and assistants**, and/or hygienists
- To provide enough volunteers for inside the church, including, but not limited to:
 - Someone to present the Gospel to the patients
 - Registration workers
 - A registered nurse to check vitals
 - Someone to give post op instructions after extractions
 - Someone to prepare meals when being served on site
- Copy the medical forms, post op instructions, etc. from the links sent to the project director by the Communication Coordinator or the Point Person before the project begins
- Provide housing and meals for the Driver, Point Person, and Unit Coordinator,

Project Director's responsibilities:

- To return signed paperwork to the Communications Coordinator @ marciamccart.bmhm@gmail.com
 - On a timely basis
- To follow through with the Church's responsibilities as needed
- To provide the point person with the plan of treatment to be done on the bus, ie. How many dentists, hygienists, etc. for each day, special needs (left handed dentists, etc) communicated to the BMHM team
- To ensure that the dentists are aware that they are to bring an assistant
- To provide the point person with information on meals and lodging plans.
- To ensure that rooms are booked and the point person receives confirmation numbers
- To ensure that the patients understand that they **may** not be able to receive more than one service. (We try to see as many patients as possible and take care of their needs. It is up to the church to decide if they want to make two different appointments for the same patient).
- Complete the Project Evaluation form as soon as possible after project completion

Patients' responsibilities:

- To provide medical history and information
- To arrive on time
- Respect BMHM procedures and policies.

Following is a list of a few tips that we have found that may make the project a bit easier and can cut down on confusion.

We have found, through experience, that 'screen and treat' works better and enables us to treat more people than having a screening day. If you are accustomed to having screening day, we will be glad to continue that but would like to explain to you the advantages of screen and treat.

If the meals aren't provided on site or the team is sent out to eat, gift cards or cash work great. If gift cards or cash are used, the point person will handle the checks and will return the gift cards or cash to the project director along with the receipts. The point person can front the meals and be reimbursed by the church this works better for you.

It is appreciated, but it is not necessary that the project end early in the afternoon on the final day (3:00 or so). Our drivers travel many miles to transport the units to and from the projects. This is really appreciated in the Fall when the days are shorter so that they are not traveling in the dark.

Wait to print the paperwork from the link provided until about 3 days before the project. This will ensure that you have the latest version of the forms. Please print each form as it is laid out, front and back. Do not use staples or paperclips.

When giving the patients appointment times, have patients come in in blocks. Example: all patients with 8:00 – 10:00 appointments come in at 7:15, 11:00 – 12:00, comes in at 10:15, etc. This will ensure that someone is always ready to come to the unit when the dentists are ready and eliminates wasting the Dentists' valuable time.

If you need someone to witness to the patients, Hope for the Hungry sometimes attends the projects in the Atlanta area and are very experienced. Reach out to your point person and they can put you in touch with them. We will also be glad to help try to find someone to do this for you and/or come prepared to at least expose Jesus to each and every patient.

Reach out to your point person with any issues or questions that you may have. They have all been a part of this ministry for a while and do quite a few projects during the year. They can answer just about any question that you may have and if they can't, they will get the answer for you. And as always, the Communication Coordinator, Marcia McCart and the Director, Tom Crites are willing to help in any way they can.

Please note that we try to keep the costs to the Church minimal so that it is affordable to have the projects, but the average costs to the Ministry to have a Mission Partnership is about \$3,500 - \$4,00 over and above the fee charged to the Church. Your cooperation in printing the forms and helping out on any other costs would be deeply appreciated.

FINAL CHECK LIST

Sponsoring Organization _____ Date _____

This list should be completed at least four (4) weeks prior to your event. Your assigned BMHM Point Person will be in touch with you during this process. Please reach out to them when necessary.

_____ 1. Team set in place to present the Gospel to every patient. If you can't provide someone to do this, please reach out to Tom Crites or Marcia McCart and we will do our best to help ensure that this is done.

_____ 2. Contact made with appropriate professional and/or community organization officials to assure cooperative acceptance and assistance where needed. Mark N/A if other agencies will not be serving with you.

_____ 3. Contact made with your assigned BMHM Point Person.

_____ 4. Confirm the commitment of medical and/or dental personnel.

_____ 5. Professional application has been completed and sent to the BMHM personnel.

_____ 6. List of professional volunteers was sent to the BMHM personnel six (6) weeks prior to the event.

_____ 7. Lay volunteers have been trained in and understand witnessing techniques.

_____ 8. Site survey has been completed by the Driver/Coordinator or his/her representative to assure that power and water sources are readily available, that the church/association maintenance or electrical person will be available at time of set up and take down, that the Mobile Unit will be parked in a level location and that there is proper access by the unit to the location.

_____ 9. Lay volunteers have been recruited, there is a schedule of times that they will serve, and a time has been agreed upon for the GVHVP, BMHM paperwork, etc. training and responsibilities.

_____ 10. Target group and dental and/or medical objectives have been determined.

_____ 11. Advertising has been discussed with the Baptist Mobile Health Ministry Communication Coordinator.

_____ 12. Procedure for screening of patients and screening schedule (if applicable) has been discussed with the BMHM Point Person assigned to you.

_____ 13. Materials that will not be available from the Point Person are in hand (if needed), i.e., paperwork from the Department of Health,

_____ 14. Arrangements made for follow-up/emergency care for dental procedures that might not be able to be completed.

_____ 15. Information relating to housing, meals, and travel schedules has been communicated to the BMHM Point Person.

You will be receiving a group email to you and your assigned BMHM team from the BMHM Communications Coordinator. The information will contain your contact information as well as the assigned BMHM Point Person's contact information. Our goal is for this project to be as enjoyable and stress free as possible. Our main goal is to meet the spiritual needs, as well as the physical needs of every patient. We will do our best to ensure that this is accomplished. Please reach out to me if you have any questions or concerns.

Marcia McCart, BMHM Communications Coordinator

Email: marciamccart.bmhm@gmail.com

Updated 03.18.26 by Marcia McCart

A Cooperative effort between the Georgia Baptist Mission Board, Mission Georgia, Baptist Mobile Health Ministry Foundation, Inc., grants and gifts from churches and individuals enable us to partner together in fulfilling the Great Commission.

Indemnity Provision

CHILD PROTECTION PROGRAM:

Baptist Mobile Health Ministry, Inc. is committed to providing a safe and secure environment for all children and youth that may use our facilities and/or participate in activities or events. All churches/organizations that bring children and youth to our facility and/or participate in activities or events are expected to have a proper and adequate child protection program in place and in use for background checks and protection against child abuse. All adult chaperones at the facility and/or activities or events must have completed a background check and be approved through your church/organization's child protection program. **By signing this document you are certifying on behalf of your church/organization that your church/organization has an ongoing child protection program in place for background checks and protection against child abuse and that the program is being enforced.**

INDEMNITY PROVISION: _____

(name of church/organization using the facility or participating in activities or events), for itself and for and on behalf of its officers, employees, representatives, volunteers and agents (hereinafter collectively "Indemnitor") covenants and agrees that it will indemnify, protect and hold harmless the Executive Committee of the Georgia Baptist Convention of the State of Georgia, and its officers, employees, representatives, volunteers and agents (hereinafter collectively "Indemnitee"), from and against all claims, damages, losses, liabilities, litigation, judgments, proceedings, or expenses of any kind or nature (including attorneys fees), which may at any time be incurred by, or asserted or awarded against Indemnitee, arising directly or indirectly from, out of, or as a result of (i) any acts or omissions of Indemnitor (specifically including any negligence), (ii) Indemnitor's breach of, violation of, or failure to fully comply with this agreement or any documents, agreements, commitments or policies provided to or for the benefit of indemnitee, or (iii) Indemnitor's use and enjoyment if a GBC facility and/or participate in activities or events. Further, Indemnitor does hereby waive and fully release and discharge Indemnitees from and against any and all claims, demands, damages and losses which Indemnitor may incur resulting or arising directly or indirectly from the use and enjoyment of such facility.

Signed _____ **Date** _____

Print Name _____

Representing (Church/Organization) _____

Position/Title _____

Yates/Camps Indemnity Provision
Current as of 06/30/05