



Global Mission Partners, Inc.
MISSION PROJECT TEAM MEMBER APPLICATION,
HEALTH FORM AND WAIVER

1. Name: (as appears on Passport) _____

Professional Degree, License #, Date of Expiration MD/DO/DDS/PA-C/RN/PT/Other _____

Address: _____ Phone (Home): _____

City/ State/ Zip: _____ Phone (Ofc): _____ (Cell): _____

Passport # _____ Expiration Date: _____ US/Other: _____

E-mail: _____ Birth Date: _____

2. Have you had a *recent* illness (in last year)? Yes/ No
When? _____

Explain: _____

3. Do you have any allergies to food, drugs, insect bites or stings? Yes/ No If yes, what? _____

4. Do you have and chronic medical conditions? Yes/No Explain: _____

5. Do you take any medications? Yes/No Please list ALL: _____

6. Immunizations and Dates:

Tetanus/Diphtheria Booster _____ Hepatitis A _____ Hepatitis B _____ Typhoid _____

7. Do you have any physical limitations or disabilities that would affect you in conditions such as extreme heat or cold, high elevation, limited food choices, etc.? Yes/No Explain: _____

8. Have you ever been treated or hospitalized for a mental or emotional condition? Yes/No Explain: _____

9. In case of emergency, notify:

Name _____ Day phone _____ Evening Phone _____

Relationship: _____ Address: _____

10. Insurance Company: _____ Policy & Group # _____
Phone (____) _____

9. Name and Telephone Number of your Physician: _____

10. Describe your faith experience and relationship with God and with the church:

11 Why do you want to participate in this mission?

12. What do you feel you can contribute in the way of gifts, skills or talents? (Please be specific.)

13. Mission Project Site and Date: _____

Is your deposit (\$100 Mexico, \$150 Ecuador, \$250 Kenya, Nepal, India) submitted?

Is a copy of your Passport photo page, professional license and Curriculum Vitae submitted?

RELEASE OF LIABILITY

I, _____ volunteer to participate in the mission with Global Mission Partners, Inc. I understand that Global Mission Partners, Inc. and its volunteers assume no liability for and personal harm or illness or for loss or damage of any property that may come to me while serving as a mission volunteer, and I, my heirs, and my personal representatives and assigns, hereby absolve Global Mission Partners, Inc. and their staff and volunteers and hold them harmless from any claim or demand that I, my heirs, my personal representatives or assigns might conceivably assert for any such harm, illness, loss or damage. I intend to be legally bound by this statement.

I do / do not (circle one) approve to let my contact information be shared with other missionaries working with GMP.

Volunteer Name: _____

Volunteer Signature: _____

Date: _____