

**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? 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 all others) submitted?

Is a copy of your 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.

Volunteer Name: \_\_\_\_\_

Volunteer Signature: \_\_\_\_\_

Date: \_\_\_\_\_