christian medical mission
501(c)(3) non-profit

Application for Volunteer Service

Christian Medical Mission
50A Stark Hwy N · Dunbarton, NH 03046

Mission Location/Country Applying For: _____

Personal Information

Please Type or Print CLEARLY

Do you have a passport that will be valid for at least 6 months on the departure date? Yes_____ No_____
Attach a copy of photo page of Passport. Please note that a passport is required for all foreign travel.

Full name **EXACTLY** as it appears on your passport _____ Passport # _____ Exp. Date _____

Nickname (for name badge) _____ Date of Birth _____

Home address _____

Phone numbers: (h)_____ (w)_____ (c)_____

E-mail address _____

Occupation _____

Gender: Male _____ Female_____ Marital Status: Married_____ Single_____

Active in Church: Yes____ No_____ Name of Church: _____

Give a short description of your relationship to Jesus Christ: _____

_____

_____

Would you be willing to:
_____Preach a message _____Teach a class _____Lead a Bible Study _____Lead Worship

Is this your first mission trip? Yes_____ No_____

Foreign Language(s):_____ Are you proficient enough to serve as interpreter? Yes____No____

Other missions skills or abilities: _____

_____

Polo Shirt Size: Men_____ Women_____ Child_____ S M L XL XXL

Personal Health Status

The developing world can present a strenuous and stressful environment to those who are not acclimated to it, so it is important for you to answer all these questions completely.

1. Are you physically fit and free of medical conditions or disabilities, including chronic anxiety & depression, that could limit your activities and/or prevent you (and others) from safely performing the volunteer services for which you are applying? Yes_____ No _____If no, please give details: _____

_____

_____

2. Are you currently taking any medications on a regular basis? Yes_____ No_____ If so, please list:

_____

3. Do you have any dietary restrictions? Yes_____ No_____ If yes, please describe _____

_____

4. Please list any known allergies: _____

_____

Having this information on file will make it easier for the Team Leader

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Emergency Contact Person

Name_____ Relationship_____

Phone numbers: (h)_____ (w)_____ (c)_____

ESSENTIAL DOCUMENTATION REQUIREMENTS

Please make sure the following items are enclosed with your completed application:

- $100 non-refundable registration fee
- Copy of first page of passport (with photo)

WAIVER OF RESPONSIBILITY AND ASSUMPTION OF RISK

I, _____, hereby acknowledge the inherent risk of international travel and the fact that injury, death, disease, might occur during or as a result of my voluntary service on a CMM project, and fully understanding that the risks associated with such service may include, but are not limited to, injury or death by accident, disease, terrorists acts, adverse weather conditions and inadequate medical care, and/or damage to, or loss of, personal property. I, in consideration of the benefits derived from being accepted for service, hereby volunteer my services despite such hazards. I willingly assume these risks and I hereby waive any and all claims against the participating local and international organizations as well as the sponsoring institutions, their officers and employees, and the leaders of the Christian Medical Mission, for an and all causes in connection with the activities of the above organization and individuals on the mission trip.

Signature: _____ Date: _____

NOTE: Children under 18 also require completion of Power of Attorney. If one or both parents are not participating with the minor participant, a "Parental Consent" must be signed and notarized.

I understand that CMM may publish photos and testimonies of participants on this mission, including myself as a participant that is uplifting to the service in which this project was intended.

Signature: _____ Date: _____