

ZAMBIA MEDICAL MISSION 2012 INFORMATION FORM

Date: _____

Tentative Dates: Depart U.S. on Thursday, July 5, 2012 - Return to U.S. on Sunday, July 22, 2012

Personal Information

Full Name as it appears or will appear on your passport: _____

Preferred Name (this name will used for your name tag): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ Work: _____

Email: _____ Fax: _____

Date of Birth: _____ Marital Status: _____ Occupation: _____

Name and address of Employer: _____

Your Position, Title, and Description: _____

Insurance/Medical Information (medical/evacuation insurance will also be purchased for team members)

Do you currently have major health insurance?: Yes: _____ No: _____

Insurance Company: _____

Policy Number: _____ Phone number (not 800 #): _____

Does your medical insurance cover you while out of the country?: _____ Blood Type: _____

Known medicine allergies: _____

Describe all known physical, medical, emotional, etc. conditions that could affect your participation: _____

Passport Information (copy of picture & signature pages **MUST** be received before tickets purchased)

Nationality: _____ Passport #: _____

Place of Birth: _____ Date of Issue: _____ Expiration Date: _____

Place of Issue: _____

Emergency Contact Information

Name: _____ Relationship: _____

Address: _____

Phone: _____

Area of Medical Expertise

_____ Doctor	_____ Nurse	_____ Wound Care	_____ Pharmacy
_____ Dentist	_____ Ophthalmology/Optometry	_____ PA	_____ Other

Support Personnel (please rank with 1 to 3 the top three areas where you would like to assist)

_____ Dental	_____ Wound Care	_____ Direct Patients	_____ Children's Classes	_____ Kitchen
_____ Eyes	_____ HIV Testing	_____ Dip Fingers	_____ Set up/Take Down	_____ Spiritual
_____ Triage	_____ Pharmacy	_____ Supplies	_____ Mechanic	_____ Other

Other Information

Airport(s) in U.S.: Depart from: _____ Return to (if different): _____

If the schedule allows, do you want to return to the U.S. 1 or 2 days early?: _____

Room/tentmate preferences: _____

Special travel or dietary requests: _____

T-Shirt Size: _____ S _____ M _____ L _____ XL _____ XXL

NEW APPLICANTS ONLY

How did you learn about ZMM?: _____
Previous Medical Mission Experience: _____
Home congregation: _____
Congregation address: _____
Name of Minister or Elder: _____
Two References: (Name, address, phone - one should be an elder or church leader from your congregation. Each Referrer must also complete and mail to us the ZMM Reference Form.)
1 _____
2 _____
Your personal goals in participating in this medical mission: _____
What skills or attributes do you have that you feel will make you a contributing member of the team?

ALL PARTICIPANTS

Liability Release: I release and waive, and further agree to indemnify, hold harmless of reimbursement ZAMBIA MEDICAL MISSION (ZMM), the individual members, agents, directors, officers, volunteers, and representatives thereof, as well as mission supervisor(s), from and against any claim (including attorneys' fees incurred by ZMM in enforcing this indemnity provision) which I, any other parent or guardian, any sibling, myself, or any other person, firm or corporation may have or claim to have, known or unknown, directly or indirectly, for any losses, dangers, damages, injuries (physical or otherwise) or even death arising out of, during, or in connection with my voluntary participation in the medical mission activities involving the rendering of emergency medical procedures or treatment, if any. In the event of an emergency, I authorize the ZMM directors to attempt to contact the Emergency Contact person listed on this form. If I require any medical procedures or treatments during volunteer activities, I consent and authorize the mission director(s) taking, arranging for or consenting to such procedures or treatments according to their discretion.

ZMM is not responsible for any misconduct or inappropriate behavior of any participant.

I have read, understand, and agree to the terms stated above regarding my personal safety and liability. I also agree to allow ZMM to contact my references by phone or mail.

Applicant's Signature: _____ Date: _____
ALL PARTICIPANTS MUST SIGN

Please attach a copy of the front page of your passport as well as a picture that can be used in our team directory. Please complete and send this form by Oct. 1, 2011 along with a \$150 refundable deposit, picture and passport copy. Each family member is to complete a form.

Make the check payable to Zambia Mission and send it to: **Ellie Hamby - Zambia Mission
658 E.N. 21st
Abilene, Texas 79601**