

**ZAMBIA MEDICAL MISSION 2021 Information Form**

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

*Scheduled Dates: Depart U.S. on Thursday, July 8, 2021 - Arrive back in U.S. on Sunday, July 25, 2021*

**Personal Information**

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

Preferred Name (this name is 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: \_\_\_\_\_

**Medical Insurance 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?: \_\_\_\_\_

**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: \_\_\_\_\_ Email: \_\_\_\_\_

**Area of Licensed Medical Expertise**

Doctor: \_\_\_\_\_ Dentist: \_\_\_\_\_ Pharmacist: \_\_\_\_\_ Nutrition: \_\_\_\_\_

Nurse: \_\_\_\_\_ Ophthalmology/Optomety: \_\_\_\_\_ Physical Therapy: \_\_\_\_\_ Other: \_\_\_\_\_

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

Dental: \_\_\_\_\_ Wound Care: \_\_\_\_\_ Patient Flow: \_\_\_\_\_ Children's Classes: \_\_\_\_\_ Kitchen: \_\_\_\_\_

Optical: \_\_\_\_\_ Lab Testing: \_\_\_\_\_ PT/Wheelchair: \_\_\_\_\_ Set Up/Take Down: \_\_\_\_\_ Spiritual: \_\_\_\_\_

Vital Signs: \_\_\_\_\_ Pharmacy: \_\_\_\_\_ Supplies: \_\_\_\_\_ Mechanic: \_\_\_\_\_ Other: \_\_\_\_\_

**Travel Information**

How will air tickets be arranged? ZMM makes arrangements: \_\_\_\_\_ I will make my own arrangements: \_\_\_\_\_

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

**Other Information**

Room/tentmate preferences: \_\_\_\_\_

Special travel or dietary requests: \_\_\_\_\_

T-Shirt Size (short-sleeve): S: \_\_\_\_\_ M: \_\_\_\_\_ L: \_\_\_\_\_ XL: \_\_\_\_\_ XXL: \_\_\_\_\_

**NEW participants 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?

**Participation Agreement - ALL participants**

I acknowledge that participation in Zambia Medical Mission (ZMM) involves various risks including, but not limited to sicknesses, bodily injuries, personal injuries, emotional injuries, death, property damages, financial damages, etc. In consideration for the opportunity to participate in ZMM, I accept all risks and financial responsibilities associated with participation in ZMM.

Further, I release and agree to indemnify, defend, and hold harmless ZMM and its agents, employees, volunteers, or any other representatives from and against any claim (including attorneys' fees incurred by ZMM related to this indemnity provision) which I or any other person may have or claim to have related to my participation in ZMM whether or not ZMM may be negligent.

I consent and authorize ZMM to utilize any and all information provided by me (including health related information) as they in their discretion deem appropriate to address circumstances related to my participation in ZMM including, but not limited to, medical and other emergency situations. I acknowledge that this authorization could include decisions related to my medical care.

With respect to my participation in ZMM, I consent and authorize ZMM to use and store my name and image (whether by means of digital or film photography, video photography, audio recording or any other form) in printed publications, electronic publications and on any web site created by or for ZMM.

If a dispute over this agreement or any claim for damages arises, I agree to resolve the matter through a mutually acceptable Biblically based alternative dispute resolution process. If I and ZMM cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution pursuant to the rules of the American Arbitration Association.

By signing below I acknowledge and warrant that I have read, understand, and agree to the above term and that the information provided on this form is true and correct to the best of my knowledge. I further agree to immediately notify ZMM of any change in the information. I understand that this form is valid and legally binding until revoked in writing by me.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If I am signing this agreement on behalf of a minor child, I hereby warrant that I am the legal parent or guardian of the child and that I have the legal authority to sign this agreement on behalf of the child.