

PROJECT NAME: MIDDLE EAST MEDICAL

Project Dates: OCT 27 – NOV 6, 2022

Project Code: JO-22B



**MOBILIZATION**  
—RESOURCES—

## MISSIONS PROJECT VOLUNTEER APPLICATION

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

**Note:** *It is important that you use your name as it appears on your passport and other legal documents.*

LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Date of Birth (Mo/Day/Year) \_\_\_\_\_ Gender: M / F

Mailing Address (Where you want your correspondence sent)

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-MAIL Address \_\_\_\_\_

*Note: Missions volunteers are highly encouraged to provide an e-mail address for timely notification of ministry news, changes, etc.*

Marital Status: Single Married Divorced Widowed Your Occupation \_\_\_\_\_

If Married, Name of Spouse \_\_\_\_\_

PASSPORT Number \_\_\_\_\_ PASSPORT EXPIRES (Mo/Day/Year) \_\_\_\_\_

**If you do not have a passport for international projects, you MUST apply for one as soon as possible in order to possess a valid passport in time for the trip and trip preparations. Do not hesitate to take action NOW to get one.**

Have you ever been on a mission project? \_\_\_\_\_ If so, tell where and describe your experience. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### CHURCH RECOMMENDATION:

Your home church \_\_\_\_\_ Pastor \_\_\_\_\_

Church address \_\_\_\_\_ Phone \_\_\_\_\_

The \_\_\_\_\_ Church wholeheartedly recommends the applicant to Mobilization Resources as sound in his/her faith and spiritually equipped to serve on this volunteer project.

Signature of Pastor \_\_\_\_\_ Date Signed \_\_\_\_/\_\_\_\_/\_\_\_\_

**HEALTH HISTORY**

Your Name \_\_\_\_\_

Name of your personal physician \_\_\_\_\_ Phone \_\_\_\_\_

Your blood type \_\_\_\_\_ Can you donate blood? \_\_\_ YES \_\_\_ NO

Please list any current medical problems: \_\_\_\_\_  
\_\_\_\_\_

Do you have any allergies (I.e., food, drugs, insect bites or stings, etc.); If so, please list: \_\_\_\_\_  
\_\_\_\_\_

Previous operations or serious illnesses (Also list dates): \_\_\_\_\_  
\_\_\_\_\_

Current medications (List): \_\_\_\_\_  
\_\_\_\_\_

Special diet (Describe): \_\_\_\_\_

Name of your dentist \_\_\_\_\_ Phone \_\_\_\_\_

Have you had?	Please Circle	
1. COVID vaccine?	YES or NO	
2. HEPATITUS A vaccine?	YES or NO	
3. Full HEPATITIS B immunization series?	YES or NO	
4. TETANUS booster in last five to ten years?	YES or NO	If yes, please give date: _____
5. Full POLIO vaccination series?	YES or NO	
6. MEASLES, MUMPS, RUBELLA vaccine or disease?	YES or NO	
7. CHICKEN POX vaccines or disease?	YES or NO	
8. TYPHOID vaccine?	YES or NO	
9. YELLOW FEVER vaccine?	YES or NO	

**HEALTH INSURANCE**

Name of insurance company \_\_\_\_\_

*Be sure to attach a legible copy of your health insurance card (front and back).*

Any other pertinent health information (Please describe) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES**

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**EMERGENCY CONTACTS**

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

Address \_\_\_\_\_

Day Phone \_\_\_\_\_ Night Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

Address \_\_\_\_\_

Day Phone \_\_\_\_\_ Night Phone \_\_\_\_\_

**TRAVEL PREFERENCES**

Do you have a travel companion or roommate preference? \_\_\_\_\_

Sometimes there are team shirts. What size do you prefer? \_\_\_\_\_

**PERSONAL PLEDGE**

**I understand that my deposit is non-refundable and that I will be responsible for airline tickets purchased in my name upon cancellation.**

The training meetings for this mission project are critical for the spiritual unity and physical preparation of the entire team. I commit to faithfully attend all meetings at the scheduled times.

I will refrain from using abusive language, drinking alcoholic beverages, taking illegal narcotics or any form of tobacco products while on the mission trip.

Signature \_\_\_\_\_ Date Signed \_\_\_\_/\_\_\_\_/\_\_\_\_

# MISSIONS PROJECT VOLUNTEER RELEASE AND COVENANT NOT TO SUE

WHEREAS the undersigned will be traveling and participating in various mission projects which are sponsored in whole or in part by MOBILIZATION RESOURCES; and

WHEREAS, the undersigned desires to release and hold harmless MOBILIZATION RESOURCES, its directors, officers, administrators, employees, members, team leaders, or team coordinators, and/or team members from any and all liability, claims, demands, or action which may occur as a result of any injury, whether accidental or otherwise, illness or other loss which the undersigned may sustain as a result, directly or indirectly, while participating in any of said mission projects and/or activities, or while traveling to, from, and during said mission project by any mode of transportation;

NOW, THEREFORE, in consideration of the participation by the undersigned in said mission projects and the benefits flowing from MOBILIZATION RESOURCES as sponsor and coordinator, and other good and valuable considerations, the undersigned does hereby release, discharge, and save harmless MOBILIZATION RESOURCES, and their directors, officers, members, administrators, employees, members, team leaders or team coordinators and/or team members from any and all liability, claims, demands, or actions which may occur as a result of any injury, whether accidental or otherwise, illness or other loss which the undersigned may sustain as a result, directly or indirectly, while participating in any of said mission projects and activities, or participating in any and all types of activities, while in any country, or while traveling to and from said countries, to and from mission project sites, or any other traveling by the undersigned from departure from any airport in the United States until the time of return to any airport in the United States by any mode of transportation.

The undersigned further agrees that he/she will not institute any action or suit at law, or in equity, against MOBILIZATION RESOURCES, their directors, officers, members, administrators, employees, team leaders or team coordinators and/or any team members at any time, and will not institute, prosecute, or in any way aid in the damages, cost, loss of services, expenses, or compensation for or on account of any alleged damage, loss, injury, health problem, disease or illness to any person or property, or both, whether developed or undeveloped, resulting from or to result from known, unknown, past, present, or future by the undersigned's participation in mission projects sponsored by the MOBILIZATION RESOURCES.

The undersigned further acknowledges that he/she has been fully advised of the hazards, conditions, and environment existing in said countries in which the mission projects will be conducted and of various health and safe hazards, which exist, and he/she fully understands and assumes all risks involved in participation on said mission projects.

This release shall be binding on all the heirs at law, beneficiaries, or any party in interest of the undersigned and shall insure the benefit of any successor officers, directors, administrators, members, employees, team leaders or team coordinators, and/or team members of MOBILIZATION RESOURCES.

By signing this document, I acknowledge that my photograph and/or statements may be used in any fashion, by MOBILIZATION RESOURCES, in its sole discretion, including but not limited to, publications, videos and websites.



Do not use my photograph.

Signature \_\_\_\_\_ Date Signed \_\_\_\_/\_\_\_\_/\_\_\_\_

# MISSIONS PROJECT VOLUNTEER PERMISSION TO BE TREATED

I hereby give my consent and permission to conduct any necessary medical examinations and medical treatment while on the Mission Project. I further give permission to obtain any and all diagnostic and treatment records necessary for my medical treatment.

I UNDERSTAND THAT I AM SIGNING TO INDICATE THAT I HAVE READ AND CONCUR WITH ALL PORTIONS OF THIS FORM, INCLUDING THE MEDICAL INFORMATION, RELEASE, & PERMISSION TO BE TREATED SECTIONS AND ALSO HEREBY CERTIFY THAT ALL THE INFORMATION THAT I HAVE PROVIDED IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

WITNESS MY SIGNATURE this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature of Volunteer \_\_\_\_\_

Print Name \_\_\_\_\_

## FOR MINORS ONLY:

NOTE: IF VOLUNTEER NAMED ABOVE IS UNDER THE AGE OF 18, THE FOLLOWING FORM MUST BE SIGNED BY THE MINOR (Above) AND BOTH PARENTS OR GUARDIANS.

Signature of Minor's Parent or Guardian \_\_\_\_\_

Signature of Minor's Parent or Guardian \_\_\_\_\_

STATE OF \_\_\_\_\_ )  
\_\_\_\_\_ COUNTY )

\_\_\_\_\_ I, the undersigned, a Notary Public in and for said County in said State, hereby certify that \_\_\_\_\_ who is known to me, acknowledged before me on this day that, being informed of the contents of said instrument, he/she executed the same voluntarily.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires \_\_\_\_\_

**MISSIONS PROJECT VOLUNTEER AUTHORIZATION FORM  
FOR PERSONS UNDER 18 YEARS**

**NOTE: IF VOLUNTEER IS UNDER THE AGE OF 18, THE FOLLOWING FORM MUST BE COMPLETED AND SIGNED BY BOTH PARENTS OR GUARDIANS.**

I (We) authorize:

Full Legal Name of Minor: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_

to travel on any occasion to (country or territory) \_\_\_\_\_, as well as to the country of residence, unaccompanied or under the responsibility of: Name of Accompanying Adult on Trip: \_\_\_\_\_

Nationality: USA ; Full Address \_\_\_\_\_

Passport Number \_\_\_\_\_ Place of Issue \_\_\_\_\_

By signing this document, I acknowledge that my child's photograph and/or statements may be used in any fashion, by MOBILIZATION RESOURCES, in its sole discretion, including but not limited to, publications, videos and websites.

Do not use my child's photograph.

**BOTH PARENTS MUST SIGN EVEN IF ONE OF THEM IS GOING ON THE TRIP.**

**SIGNATURES MUST BE NOTARIZED.**

Print Name \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

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

Print Name \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

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

STATE OF \_\_\_\_\_ )  
\_\_\_\_\_ COUNTY )

\_\_\_\_\_, I, the undersigned, a Notary Public in and for said County in said State, hereby certify that \_\_\_\_\_ who is known to me, acknowledged before me on this day that, being informed of the contents of said instrument, he/she executed the same voluntarily.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires \_\_\_\_\_

## **CHECKLIST**

**Please attach the following to your application:**

- Copy/photo of your medical insurance cards (front and back)
- Copy/photo of your Passport (photo id page)
- Deposit