**MEDICAL MISSION PROJECT**

**Hospital Adventista Valle de Angeles, Honduras**

**September 30 – October 8, 2017**

**Application for Volunteer Participation**

Full Name as written on Passport:

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Passport Number:

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| --- |
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Passport Expiration Date:

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| --- |
|  |

Date of Birth:

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| --- |
|  |

First Name You Go By:

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| --- |
|  |

Mailing Address:

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| --- |
|  |

City: State: Zip Code:

Cell Phone:

Preferred E-Mail:

|  |
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Department: Job Position:

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Certification/Degree:

## EMERGENCY CONTACT INFORMATION

Name Relationship

Home Phone Work Phone

Cell Phone

□ I have a valid U.S. passport

□ My passport DOES NOT expire within six months after October 8, 2017

□ I have participated on a medical mission trip before.

If yes, where to:

□ I am interested to help in the following station/s:

□ Registration

□ Vital Signs and Measurements

□ Triage

□ Provider

□ Pharmacy

□ Education

□ Children

□ Spiritual Care/VBS

□ My skills or talents that I can share:

|  |
| --- |
|  |

□ I can speak the following foreign languages:

|  |
| --- |
|  |

□ My foreign language ability is:

□ Basic □ Moderate □ Fluent (able to translate)

□ I would like to room with:

□ I understand that I am responsible for covering the estimated minimum  
 expenses of $1,600.00\*/person for this trip and that all payments are non-refundable.

\*Final cost of trip is subject to changed based on flights and number of trip attendees. More information will be provided.

Electronic Signature:

Date of Application:

***Please submit completed application to Ben Carpenter by e-mail @*** [Benjamin.carpenter@ketteringhealth.org](mailto:Benjamin.carpenter@ketteringhealth.org)