



# Medical Mission Team Volunteer Application Form

Complete and mail to Luke 9:2 Ministries, PO Box 92395, Nashville, TN 37209

Mission Trip \_\_\_\_\_ Dates \_\_\_\_\_

## Mission Statement

- Proclaim – Heal – Teach
- Our primary goal is to proclaim the love of Jesus Christ by first meeting the healthcare needs of the poor and destitute people groups of underserved countries through medical and dental services.
- We seek to heal the physical and emotional needs of the poor through the provision of excellent medical and dental care in conjunction with local Christian medical/dental professionals who work with us while we are in their country.
- We hope to teach our patients the necessary skills to prevent disease and preserve wellbeing thus improving the health of the community as a whole
- We recognize our mission is not our own, but the Lord's, and therefore subject to His will and His plans. Therefore we pledge to remain in constant prayer in order to seek both actively His will and humbly to request His blessings as we continue to proclaim His love, heal the sick, and teach His children.

## I. Personal Information

Name (exactly as on passport) \_\_\_\_\_

Passport Number \_\_\_\_\_ Country \_\_\_\_\_ Expires \_\_\_\_\_

\*\*\* Two photocopies of the face page of your passport must accompany this application\*\*\*

Address \_\_\_\_\_

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

Phone: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Email Address \_\_\_\_\_

Current Profession \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Are you fluent in any language beside English? **Yes | No** If yes, which? \_\_\_\_\_

Are you a church member? **Yes | No** Name of Church \_\_\_\_\_

Denomination \_\_\_\_\_

## II. Emergency Contact Information

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: Daytime ( ) \_\_\_\_\_ Evening ( ) \_\_\_\_\_

**III. Reason(s) for Participating in this Mission Trip** \_\_\_\_\_

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

**IV. Tell About Your Relationship with Jesus Christ** \_\_\_\_\_

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

**V. Standard of Conduct Agreement**

I understand that **Luke 9:2 Ministries** Medical Mission Teams are a Christian witness dedicated to serving God. I also understand that when I travel as a **Luke 9:2 Ministries** Medical Mission Team member, I represent God, my country, and the ministry; therefore I will refrain from any behavior that casts doubt on the Christian standards of **Luke 9:2 Ministries** or my fellow team members. While on a Medical Mission Trip, I will not smoke, use tobacco, consume alcohol, or exhibit any behavior that is offensive to in-country hosts or to another mission-team member. I understand that the purpose of my participation is to glorify God. I understand that if my conduct does not comply with the appropriate standards of conduct as described above, I could be asked by my team leader to leave the team immediately and return home at my own expense.

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

**VI. Waiver**

- A. I understand the risk associated with travel to a foreign country and I accept personal responsibility and do not hold Luke 9:2 Ministries, Inc. responsible for any injury. Potential risks include travel to and within the country, illness associated with food or drink, insect bites, interacting with patients with unknown diseases or infections, political unrest within the country, kidnapping or other unforeseen incidences.
- B. During our mission trips, Luke 9:2 Ministries films, records, and/or photographs the experiences of the team for placement on the ministry's Web site(s) and for other uses promoting the work of the ministry. By your participation, you are granting your permission to be videotaped or photographed for non-commercial purposes and agree to the following: being recorded, filmed, videotaped, or photographed by any means; non-commercial use of your likeness, voice, and words without compensation; specifically waiving all rights of privacy during the videotaping, filming, recording, or photographing and release Luke 9:2 Ministries from liability for loss, damage, or compensation from the non-commercial use of your likeness, image, voice, or words.

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

**VII. Requirements for Trip**

- 1. **Two** Copies of Passport
- 2. Parental Consent Form for Minor (under 18 years) Children
- 3. Donation Paid in Full
- 4. Proof of Travel Insurance
- 5. Copy of Health Care Professional License

**VIII. Non-Refundable Deposit** (must accompany application) \$ \_\_\_\_\_