



Mercy & Truth Medical Missions

Outreach Application

Please complete the following information and mail the application to:
Mercy & Truth Medical Missions, Inc. 721 North 31st Street Kansas City, KS 66102 or fill out the application and click the email link at the top of the first page.
Applications must be accompanied by \$400.00 non-refundable deposit.

Outreach Country _____

Dates of Outreach _____

Personal Information:

Legal Name: _____

Address: _____

Phone: _____ Mobile: _____

E-mail: _____ Gender: _____ Birth date: _____

Home Airport: _____

Allergies: _____

Medical History: _____

Current Medications: _____

Passport Information: (Enclose two copies of your passport and immunization record)

Passport #: _____

Expiration Date: _____

City and Country Issued: _____

Emergency Contact:

Name: _____

Relationship: _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____

Mercy & Truth Medical Missions Code of Conduct

As a team member on a Mercy & Truth Medical Missions outreach, I agree to:
Accept responsibility to represent Mercy & Truth Medical Missions with dignity and cultural sensitivity, by being a positive role model for Americans in foreign countries
Conduct myself in a courteous and respectful manner; and exhibit professionalism, excellence and compassion for those whom I am serving
Respect, adhere to and enforce the rules, policies, and guidelines established by Mercy & Truth Medical Missions board
Abstain from and not tolerate physical or verbal abuse of people or animals
Abstain from and not tolerate foul language, jokes or gesture, being especially sensitive to cultural differences in gestures and clothing
Comply with nationals and show deference to customs and differences in lifestyles
Under no circumstances possess, sell, or consume alcohol or controlled substances while participating on a Mercy & Truth Medical Missions outreach
Accept responsibility to promote and support Mercy & Truth Medical Missions and to carry out the mission statement during the outreach and all related activities
Care for and manage all property and equipment both owned and borrowed by Mercy & Truth Medical Missions or local churches with respect; and to operate machinery, vehicles, and other equipment in a responsible manner. I understand that failure to comply with any component of this code, or participation in other inappropriate conduct as determined by the team leader, Field Director, or administrator, may lead to being removed from the outreach and returned home from the field if necessary. Mercy & Truth Medical Missions will assume no costs involved in such cases, and no reimbursement of funds will be made.

Signature

Liability and Medical Release:

I, _____, hereby release Mercy & Truth Medical Missions, Inc., from any liability regarding loss, accident, injury, disease or death sustained or contracted by me while traveling to, from or during the designated outreach. I further agree to hold harmless the above from any expenses incurred as a result of any of the aforementioned events.
I also give consent for any personal medical treatment that becomes necessary during the outreach with Mercy & Truth Medical Missions, Inc.; and I will be solely responsible for costs of the treatment involved.

I agree to provide for myself, if desired, travel insurance for loss of articles, travel, illness, injury and death. I will assume all responsibility for any additional personal expenses incurred during this trip.

Completed application requires notarized signature and date.

Signature _____

Date _____

Notary _____ **State of** _____

Signed this day of _____ **My commission expires** _____