

Truth for Today Medical Missions Trip Application:

What trip are you applying for? Country _____ Month _____ Year _____

Name (exactly as it appears on Passport): _____

Name as you wish to be called: _____

Address: _____ City _____ ST _____ Zip _____

Phone: Home _____ Work _____ Cell _____

E-mail: _____

Passport Number: _____ Expiration Date: _____

Sex: M _____ F _____ Date of birth: _____ Age: _____

Scrub Shirt Size: Small _____ Medium _____ Large _____ XL _____ XXL _____

Nearest major airport: _____

Emergency contact name and phone number(s): _____

Church name and phone number: _____

Occupation: _____

Do you have any degree, licensure, or certification in any medical area? (Example: MD, DO, RN, LPN, EMT, DDS, OD, CPHT, etc.): _____ Please list any degrees, licenses, specialty training or certifications. _____

(If yes, to any of the above please scan or attach copies of current documents.)

Do you have medical insurance which will cover foreign travel and emergency evacuation? Yes _____

No _____ If Yes: Company Name _____ Policy# _____

If No, THIS INSURANCE IS REQUIRED. A policy can be obtained through sevencorners.com.

Do you have any other special skills not included above which might be useful? _____

Do you speak any foreign language(s)? _____

How well? A little _____ Able to function without an interpreter _____ Fluently _____

Do you have any medical conditions which might affect your ability to perform in a rugged or tropical environment? No _____ Yes _____ (if yes, please explain on back of form or attach copy)

Do you have any food allergies or special dietary needs? _____ (Please be advised that we may not be able to accommodate all needs in a 3rd world setting. Some dietary needs may require that you provide your own meals.)

Have you ever been a part of a medical missions team? No _____ Yes _____ When _____

Where _____ With whom _____

How did you find out about Truth For Today Medical Missions? _____

Have you ever been convicted of a felony? Yes _____ No _____ If Yes, explain: _____

There will be certain restrictions of dress and habits designed to avoid an adverse testimony for TFTMM and our host ministries. These will include but not be limited to a prohibition of alcohol, tobacco in all forms, e-cigs, foul or offensive language, and certain styles of dress (depending on the country). Will you agree to abide by these conditions throughout the entirety of this trip? Yes _____ No _____

Application checklist: **Visit our website at www.truthfortodaymedicalmissions.org**

- _____ Completed Application.
- _____ Provide a photocopy of any professional licenses if applicable. (Medical, Nursing, etc.)
- _____ Color Copy of Passport face page.
- _____ Signed Indemnification Letter.
- _____ \$250.00 Non-Refundable Application Deposit (Applies toward trip cost.)
- _____ Medical Evacuation Insurance is Required for all trips. (your personal Policy or through sevencorners.com)

Applicant Signature _____ **Date** _____

Application is not valid without all of the above. Parent or Guardian MUST also sign all papers for minors.

Print Parents Name _____ **Parent Signature & Date** _____