

**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](http://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](http://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** \_\_\_\_\_