



## Mission Trip Application

Name: (Print exactly as appears on passport)

\_\_\_\_\_

(Last)

\_\_\_\_\_

(First)

\_\_\_\_\_

(Middle)

Name for your nametag: \_\_\_\_\_

### **Address**

Street: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

### **Personal Data**

Passport # \_\_\_\_\_ Date Issued: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Country Issued: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Spouse/Significant Other Name: \_\_\_\_\_

Have you been on a mission trip in the past? Yes / No If so, to where? \_\_\_\_\_

What did you like/dislike about it? \_\_\_\_\_

### **Health**

I need the following special assistance: \_\_\_\_\_

Special Health Concerns:

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Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Recommended Immunizations: Hepatitis A, Hepatitis B, Tetanus. Please consult your physician at least six weeks before you travel. Very important!

Please list any skills you possess which would be an asset to our medical mission team. Be comprehensive!

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

On a scale from 0-9, where 0 = None and 9 = Native Speaker, please indicate your Spanish skill number: \_\_\_\_\_

Type of Professional License: \_\_\_\_\_ License Number: \_\_\_\_\_

Licensing State: \_\_\_\_\_ License Expiration Date: \_\_\_\_\_

Board Certified? Yes / No Board Certification License Number: \_\_\_\_\_

Certifying Agency: \_\_\_\_\_

I certify that all work will be done on a volunteer basis. I understand the importance of team building and agree to attend team meetings. I agree to respect and abide by the decisions of the mission coordinators. I will adhere to the team security requirements. I understand that traveling and working in Guatemala is physically strenuous and the mission work could entail 10-hour workdays. Furthermore, I understand that Antigua and the worksite are located at high elevations, 5,000 feet and above. Additionally, I acknowledge that there may be inherent dangers to my health and safety involved in traveling to and within Guatemala. I will be responsible for taking whatever precautionary measures, medicines, or immunizations that are deemed necessary to protect my health and well-being.

In consideration of the benefits derived from serving with this mission team, I and all my family members hereby voluntarily waive any claim against the mission team directors (Jay and Linda Eastman) and sponsoring organizations (Casa Colibrí, Rotary International) for any and all causes in connection with the activities of this medical mission to Nuevo Edén, Barillas, Huehuetenango, Guatemala.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please send a copy of your passport with this application and return to:

Linda Eastman  
1251 Washington Road  
Rochester Hills, MI 48306  
(248) 651-9638

[Linda@casacolibri.org](mailto:Linda@casacolibri.org)