



MISSION APPLICATION

Medical Aid for Vietnam Mission

Project Dates: \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_

Name: \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Name as it appears EXACTLY on Passport/Travel Document:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Passport No.: \_\_\_\_\_

Issuance Date: \_\_\_\_\_ Expiration Date: \_\_\_/\_\_\_/\_\_\_ (MM/DD/YYYY)

Professions/Degrees/Specialties: \_\_\_\_\_

What areas of the Medical Aid mission do you feel you would make the most contribution?

Eye/Vision \_\_\_ Dental \_\_\_ Medical/Health \_\_\_ Pharmaceutical \_\_\_ Translation \_\_\_ Other \_\_\_\_\_

Emergency Contact Person(s): \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Country \_\_\_\_\_

RELEASE OF LIABILITY & DECLARATION OF INTENT:

I, the undersigned, have voluntarily signed up for the Medical Aid Project mission trip to Vietnam for the time period specified above. I agree to release and indemnify Medical Aid Project and all leaders and other organizations involved in this trip from all liability. I understand that I am acting as a goodwill ambassador, and will not engage into any behavior which may reflect poorly on Medical Aid Project and my country during my stay in Vietnam. I also warrant that my purpose is humanitarian and educational, and will not engage into any political or unlawful activity under the laws of the host country. By joining the Medical Aid Project, I agree to abide to the conduct of the Medical Aid Project and by the leadership of the Team Leader and/or Project Administrator in all areas of the mission's activities. This is crucial for the success and safety of all team members. I am in good health conditions and willing to involve in the mission's activities. I also agree to contribute \$1,200USD (1,300CAN) to the Medical Aid Project for in-county-expenses.

I have voluntarily signed this declaration and, at present, I am of legal age in the US, Canada, Vietnam or \_\_\_\_\_

\_\_\_\_\_  
Print Your Name Signature Date