



PALMETTO MEDICAL INITIATIVE
EDUCATE • HEAL • EMPOWER

SHORT-TERM GLOBAL MISSION TRIP APPLICATION – 2011

*Planned Trips: (March, May, August, December *dates subject to change)*
Palmetto Medical Initiative Uganda Medical Team

Destination: ___ Masindi, Uganda ___ Which trip are you applying for? _____

Include with this application:

- *A deposit check made out to Palmetto Medical Initiative in the amount of \$100, which will not be deposited if you are not selected for the team. If emailing your application, please send the check via mail to: PMI, P.O. Box 542, Charleston, SC 29402.*
- *A copy of your current passport.*

GENERAL INFORMATION: (please print)

Name (as appears on Passport) _____
Address _____
City _____ State _____ Zip _____
E-mail _____
Social Security # _____
Primary Phone # _____ Work Phone # _____
Age _____ Gender _____ Nickname _____
Country of Citizenship _____ Do you have a valid passport? _____
Passport # _____ Expiration date of passport _____
Date of Birth _____ Marital Status: Single/Married/Divorced _____
Spouse's Name: _____
Children's Names and ages: _____
Beneficiary Name and Relationship: _____
T-shirt size: _____

WORK EXPERIENCE/TALENTS:

1. Please list any specific talents that you have:
(Healthcare/Business/Finance/Ministry/Photography/Music/Children/Accounting/etc)

Please explain specific talents, if selected: _____

2. Occupation: _____ Position: _____
How long? _____

3. Are you proficient/fluent in a foreign language? _____ Please explain: _____

4. Have you been on a mission trip before? _____ If so, please include location/dates/duties: _____

PERSONAL INFORMATION:

1. Please explain briefly why you want to participate in this mission trip.

2. What are your personal expectations for this trip?

3. Describe your strengths.

4. Describe your weaknesses.

5. Do you attend a Church? _____ If so, which one? _____ Are you a member? _____

6. Do you have any specific areas of involvement in the Church? Explain:

6. Do you have a criminal record? Yes/No _____ If yes, explain _____

6. If you are applying for a trip that includes interaction with children, you may be required to have a background check. Will you agree to a check? Yes/No _____

7. Do you agree to share your testimony/life story with other volunteers? Yes/No _____

8. Christian ministry will be offered through host churches and volunteers. Would you be interested in participating in this aspect of the trip? Yes/No _____ If yes, in what aspect? _____

9. Please list two non-family references:

Name: _____ email/phone: _____
Name: _____ email/phone: _____

HEALTH INFORMATION:

1. Do you have or have you ever had (*x or circle all that apply*)

Fainting Spells Heart Problems Diabetes Psychosis/Schizophrenia
 Eating Disorder Respiratory Problems Seizures/Neurologic Disorder

2. Do you have any condition that may affect your ability to fully function on this trip? (i.e., fear of flying, depression, anxiety, sleeping disorders)

3. Do you have any chronic illnesses or allergies? Yes/No _____ If yes, explain:

4. Are you presently under medication prescribed by a doctor? Yes/No _____ If yes, explain:

5. Have you ever had any psychiatric care or treatment? Yes/No _____ If yes, explain:

6. Please list any hospitalization history/major surgeries:

7. Does your health insurance cover you overseas? Yes/No/Unsure _____

8. How would you describe your health and fitness? Excellent/Good/Average/Needs work:

APPLICANT AGREEMENT:

The information I have provided is true and complete to the best of my knowledge and I authorize Palmetto Medical Initiative (PMI) to verify the authenticity of my statements with the appropriate authorities, including criminal background checks on applicants, doctors reference or exam, and personal reference contact.

PMI requires compliance with rules and regulations, including the rules concerning conduct and dress. These are explained in the Team Covenant, which will be provided to accepted volunteers. Failure by volunteers, leaders and staff to comply with these policies is grounds for dismissal, without refund or reimbursement. Volunteers, leaders, and staff serve at their own risk, and PMI is not liable in the event of sickness, accident, death, terrorist acts or for transportation and any other expense beyond normal involvement.

Application fees and all sponsor funds received by PMI are contributions and are not refundable. To receive a tax deduction, the IRS stipulates in Publication 526 on Charitable Contributions that the donor must release control of all funds donated to a non-profit organization. For this reason, contributions from sponsors cannot be refunded, nor can they be designated to any specific person. The individual will be a fundraiser and will receive credit for raising funds equal to the price of his/her trip. We require all participants to be in good physical condition.

I have read and understand the above information. The information I have given PMI is accurate and true to the best of my knowledge. My signature signifies my approval of all limitations and conditions listed above. If any information on this application is materially incorrect, I understand that my participation in this program may be terminated. Also, I understand that it is very important, and my responsibility, to immediately update PMI, in writing, with any changes to the information on this application.

Signature of Applicant: _____

By checking this box, I authorize my signature electronically.

Date: _____

Applications are viewed on a rolling basis and acceptance to any PMI team is subject to the team leaders and leadership of PMI. PMI does not discriminate on the basis of race, sex, age, religion, or socioeconomic standing. Every PMI trip is not suitable to every person, however, due to possible physical, emotional, and spiritual strains. We reserve the right to deny acceptance on any perceived danger to applicant.

The information in this application is private and is not intended for public viewing. Viewing this application without permission of applicant is strictly prohibited.

(Please complete and e-mail this application, Assumption of Risk and Emergency contact form and email to info@palmettomedical.org. You may also print and mail to: Palmetto Medical Initiative, P.O. Box 542, Charleston, SC 29402. Please include your \$100 deposit check made out to "Palmetto Medical Initiative" with your application.)



ASSUMPTION OF RISK AGREEMENT

PALMETTO MEDICAL INITIATIVE

EDUCATE • HEAL • EMPOWER

I, _____, in connection with my application for volunteer service to Palmetto Medical Initiative, represent and agree, as follows:

(A)

I am aware of the hazards and risks to my person and property associated with the overseas, disaster relief or medical/evangelism missionary activities for which I am applying and I understand that such hazards and risks include, but are not limited to, death or injury by accident, sickness/disease, terrorist acts, the inherent uncertainty of foreign travel, weather/temperature conditions, and inadequate medical transportation, supplies and facilities. I volunteer my services to the people of Masindi despite such hazards and risks, and I assume the risks of death, sickness, injury, inconvenience and/or damage, actual or consequential, associated with such risks.

(B)

I attest and verify that I am physically fit, that I understand the potential risks of this volunteer effort, that I have consulted with a medical professional of my choice, and to the best of my knowledge have no medical conditions that would prevent me from performing the volunteer services for which I am applying.

(C)

In consideration of travel and other arrangements made for me by Palmetto Medical Initiative, and on behalf of myself, my heirs, and my personal representatives, I hereby release and discharge Palmetto Medical Initiative or other of its officers, directors, agents, employees, or other representatives from and against any losses, liabilities, damages, costs or expenses, including reasonable attorney fees, arising out of personal injury or property, or other damage arising out of my participation, as a volunteer. I expressly waive any and all claims for losses, liabilities, damages, costs or expenses which I may have against Palmetto Medical Initiative, its agents, or employees, now or at any future time. Throughout my volunteer effort, I will provide my own insurance coverage at my own expense.

(D)

I understand that travel and work will be in an underdeveloped nation or in any area affected by natural disaster; therefore, it may be difficult or impossible for Palmetto Medical Initiative or its agents or employees, to guarantee or meet evacuation, medical, or special dietary needs. In the event of a medical emergency I hereby authorize officers of Palmetto Medical Initiative to contact my emergency contact persons, to discuss my health information with medical personnel, and to seek, and contract for as necessary, medical care, evacuation and treatment on my behalf,

Signature of Volunteer Applicant, Individually and as
Parent and natural Guardian of any Minor(s)
Participating as follows:

Date

Name and Date of Birth



EMERGENCY CONTACT INFORMATION

PALMETTO MEDICAL INITIATIVE

EDUCATE • HEAL • EMPOWER

Personal Information

Name _____

Primary Emergency Contact _____ Relationship: _____

Home phone: _____ Work Phone: _____

Mobile Phone: _____

Secondary Emergency Contact _____ Relationship: _____

Home phone: _____ Work Phone: _____

Mobile Phone: _____

Health Insurance

Insurance Company _____

Group Policy # _____ Individual ID _____

Allergies _____

Known medical conditions _____

Passport # _____ Expiration Date: _____

Country _____

In case of an emergency, the team leaders will contact a PMI staff member. The staff will take the action they deem appropriate and notify the families of any team member who is injured. Please do not discuss the incident with anyone outside of the immediate team until the team leader tells you that you may. The team leaders and the staff will both have copies of this document. If you have any questions before or during the trip, please feel free to contact Marianne Heis, PMI Administrative Director: Marianne@palmettomedical.org or 843.696.2223.