

## 2026 Honduras Medical Mission

Dear Applicant,

Thank you for your interest in **Honduras Medical Mission (HMM)**. The HMM is a mission of the Episcopal Diocese of Mississippi designed to provide medical, dental, eye, and veterinary treatment to the poor and their animals. As such, it involves a serious commitment from its volunteers to work under difficult and challenging conditions.

The dates for the 2026 mission will be **February 14 - 21, 2026, Saturday-Saturday**.

Team members pay their own team fees. Some participants have been sponsored by their home parish in the past. The team member fee is **\$850 plus your airfare**. The Team Fee includes transportation and meals in Honduras and also includes the cost of the mandatory team retreat. Once you are accepted you will need to coordinate with the team leader and book your own flight.

Deadline for submitting your application is **July 15, 2025**.

The team will be chosen and applicants notified the week of **August 11-16 2025**.

Team fee (\$850) must be paid in full by **September 15, 2025**.

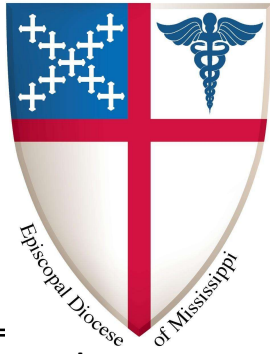
A copy of your airline itinerary must be received by **October 15, 2025**.

**The MANDATORY team retreat will be at St Peters Episcopal Church in Oxford, MS on Saturday, November 22, 2025 from 10 a.m. until 4 p.m.**

### Send Application To:

Honduras Medical Mission  
c/o George Jackson  
819 North 6th Ave  
Laurel, MS 39440  
(601) 466-7410 cell  
[hondurasmedicalmissionms@gmail.com](mailto:hondurasmedicalmissionms@gmail.com)

Note: If you are selected, pay your fees and then choose not to participate, you may forfeit part or all of your fees paid according to Diocesan committee team rules.



## 2026 Honduras Medical Mission Application

### Personal Data

Name (as it appears on your Passport):

First/Middle/Last \_\_\_\_\_

Nickname \_\_\_\_\_

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

\_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Church Home: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Sex M F

Married Y N

Passport # \_\_\_\_\_

Issue Date: \_\_\_\_\_

Expiration Date: \* \_\_\_\_\_

**\* Passport must be valid thru August 2026.**

### Profession/Specialty

(Doctor, Dentist, Pharmacist, Veterinarian, Nurse, Priest, Translator, Support, etc.),

Are there other ways in which you feel that you can contribute to the Medical Mission or other reasons why you feel called to go on the Mission?

### Language

Please circle your ability to speak Spanish

Fluent

Good

Basic

None

Note: Being fluent is not a requirement. Translators will be available.

**Insurance:** I understand that **Honduras Medical Mission** does not carry insurance covering any injury that may occur to me. In the event of any injury I will cover expenses for my care and travel back to the United States.

Signature: \_\_\_\_\_

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### Emergency Contacts

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

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

Relationship: \_\_\_\_\_

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

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

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

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

Relationship: \_\_\_\_\_

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

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

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### Medical Information

Please list any known medical conditions.

Please list current medications:

**Emergencies:** Prior to the mission you will be required to complete a waiver and directive consenting and authorizing the mission Team Leader or a designee to arrange for any necessary procedures or treatments according to their professional discretion.

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### Trip Details

Have you been on the mission in the past?    Yes   No   If so when?

Have you applied and *not* been accepted before?   Yes   No   If so When?