



3451 Via Montebello #192, Suite 502, Carlsbad, CA 92009

(760-644-4316)

Dear Potential Servant

Thank you for your interest in working with us to provide medical care to underserved people throughout the world by volunteering for our short-term medical missions program.

We organize teams of 15-30 people comprised of medical professionals and lay-people. Medical needs and conditions vary depending upon the country, and we therefore must reserve the right to determine the composition and size of each medical team.

To expedite the processing of your application, it is important that we receive all of the requested information, forms and copies of licenses along with this application. Also a non-refundable deposit of \$200 must be submitted with this application.

We are grateful for your willingness to participate with Medical Servants International for we realize that it takes commitment and sacrifice from each volunteer. It is our prayer that the Lord will grow you personally and spiritually as you serve Him out of a loving heart.

May God richly bless you.

Sincerely,

John Geigert, Ph.D.

President, Medical Servants International

**In order for your application to be complete**, please return all of the following:

- Application Form (all 4 pages completely filled in, and signed)
- \$200 non-refundable deposit for \_\_\_\_\_ (trip of interest)
- Copy of valid passport identity page with signature [Note: valid passports have at least 3 blank pages available for visas and have more than 6 months expiration remaining at trip's end]
- One (1) passport-sized photos for our office file
- Copy of active professional medical/dental/pharmacy license(s) or medical certificate(s) if applicable [Note: license must not expire before trip's end]
- If under 18 years old, copy of birth certificate, along with signed parental consent letter

***If this is your first trip with MSI, please tell us how you heard of our organization:***

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**[Please mail or email this application to MSI. Upon receipt of this completed Application Form, MSI leadership will review your application and notify you if you have been accepted to be part of the medical team]**

# Application for Volunteer Service

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Medical Mission Trip applying for \_\_\_\_\_ Date of trip \_\_\_\_\_

Full name \_\_\_\_\_ (EXACTLY as it appears on your passport)

Passport number \_\_\_\_\_ Expiration date \_\_\_\_\_

Date of birth \_\_\_\_\_ Sex \_\_\_\_\_ Nickname (for name badge) \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Closest major airport \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home/Work Phone \_\_\_\_\_

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

Place of employment \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_

Conversant in other languages (please list if any) \_\_\_\_\_

Church regularly attending \_\_\_\_\_

If this is your first MSI trip, name, address and phone of a reference that we can contact (e.g., pastor, supervisor, parent) \_\_\_\_\_

I am interested in participating in the outreach as:

- Assisting in clinic flow, evangelism, translating, or as needed
- Providing medical care in accordance with my licensure

Physician \_\_\_ Nurse Practitioner \_\_\_ Physician Assistant \_\_\_ Registered Nurse \_\_\_

LVN \_\_\_ Medical Assistant \_\_\_ Dentist \_\_\_ Dental Technician \_\_\_

Pharmacist \_\_\_ Pharmacy Technician \_\_\_ Chiropractor \_\_\_

Occupational Therapist \_\_\_ Physical Therapist \_\_\_ Other (describe) \_\_\_\_\_

Type of License/Certificate \_\_\_\_\_ License No. \_\_\_\_\_

Board Certified? (Circle) Yes No Specialty \_\_\_\_\_ Years of experience \_\_\_\_\_

Please describe any experience you have in international work/mission trips

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Please describe your skills or abilities that might be of help on our medical mission trip

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# Application for Volunteer Service – Medical Information

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The developing world can present a strenuous and stressful environment to those who are not acclimated to it, so it is extremely important that you answer all the following questions honestly and completely. This information will be reviewed by the team's physician.

1. Are you physically fit and free of medical conditions or disabilities, including chronic anxiety and depression, that could limit your activities and / or prevent you (and others) from safely performing the volunteer services for which you are applying? (please circle): Yes No **If No**, please give details:

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2. Do you have any dietary restrictions? (please circle): Yes No **If Yes**, please describe:

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3. Do you have any of the following physical limitations:

- pain in lifting       difficulties with vision  
 hearing difficulties       difficulties with walking  
 motion sickness       other (describe \_\_\_\_\_)

4. Please list **all** medicines you are taking:

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5. Do you have any of the following allergies to medications or food:

- nuts       penicillin ( $\beta$ -lactams)       sulfa drugs       doxycycline  
 other (describe \_\_\_\_\_)

6. Are you being treated for any of the following:

- hypertension       asthma       high cholesterol       migranes/headaches  
 sleeping disorder       ulcers       anxiety/depression       seizure disorder  
 diabetes       heart disease       mental health disorder

7. Do you use any medical equipment needing electrical power (e.g., a CPAP unit)? \_\_\_\_\_

8. Have you ever been hospitalized in the past 2 years, including hospitalization for psychiatric illness?

Please describe: \_\_\_\_\_

9. Please indicate any medical concern you would like to discuss confidentially with the team physician:

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# Application for Volunteer Service – Medical Liability Release

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## (Release of All Claims)

I, \_\_\_\_\_ (**Print Name**), hereby acknowledge the inherent risk of international travel and the fact that injury, death, disease might occur during or as a result of my voluntary service with Medical Servants International. Fully understanding that the risks associated with such service may include, but are not limited to, injury or death by accident, disease, terrorist acts, adverse weather conditions and inadequate medical care, and/or damage to, or loss of personal property, I, in consideration of the benefits derived from being accepted for service, hereby volunteer my services despite such hazards. I willingly assume these risks and I hereby waive any and all claims against the participating local and international organizations as well as the sponsoring institutions, their officers and employees, and the leaders of Medical Servants International, for any and all causes in connection with the activities of the above organizations and the individuals on the Medical Servants International missions trip.

I further consent to the administration of first aid and/or doctor's care, or any other form of medical treatment necessitated by illness or injury that may require the same. In the event of the necessity of such care or treatment as heretofore described, I agree to hold harmless and indemnify said organization, its directors, employees and agents from any acts of malfeasance, and/or failure to act on the part of those chosen to administer medical care on behalf of the participant. If the health care provider determines that my medical condition warrants emergency care or medical airlift, I agree to abide by that decision.

I furthermore attest and verify that I am physically fit and have no medical condition(s) that would prevent me from performing the volunteer services for which I am applying.

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

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

(By signing this statement, I also give MSI permission to use photographs of me and any appropriate testimonies related to the mission trip on MSI's webpage and other communications)

## Notify in Case of Emergency:

1. \_\_\_\_\_  
Name Relationship Phone

2. \_\_\_\_\_  
Name Relationship Phone

Your Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

# Application for Volunteer Service – MSI Mission/Vision

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## MSI Mission/Vision

Christ centered organization sharing God’s love internationally  
by partnering with in-country leaders to minister to the  
physical and spiritual needs of underserved people

“... Jesus Christ as Lord, with ourselves as your servants for Jesus’ sake.”  
2 Corinthians 4:5 (ESV)

## MSI Statement of Faith

We believe the Bible to be the inspired, the only infallible, authoritative Word of God.

We believe that there is one God, eternally existent in three persons: Father, Son, and Holy Spirit.

We believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal return in power and glory.

We believe that, for the salvation of lost and sinful man, repentance of sin and faith in Jesus Christ results in regeneration by the Holy Spirit and that Jesus Christ is the only way of salvation.

We believe in the present ministry of the Holy Spirit whose indwelling enables the Christian to live a godly life.

We believe in the resurrection of both the saved and the lost; the saved unto the resurrection of eternal life and the lost unto the resurrection of eternal damnation.

We believe in the spiritual unity of believers in our Lord Jesus Christ and that all true believers are members of His body, the Church.

We believe that the ministry of evangelism is a responsibility of both the Church and each Christian.

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### **Please Read and Sign:**

I, \_\_\_\_\_ (**print name**), have read and acknowledge MSI’s mission/vision and Statement of Faith.

I understand that Medical Servants International (MSI) works with in-country leaders around the world. I agree to conduct myself in compliance with the principles and rules of conduct of MSI at all times while among the team members, with the hosts and with those whom we serve. I understand that failure to do so may result in my return on the next available flight.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_