

*Refuge International* **Medical Mission Volunteer Application**

**Date** \_\_\_\_\_

**Name(as it appears on passport)** \_\_\_\_\_

**Passport #** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **SS#** \_\_\_\_\_

**Name you commonly go by** \_\_\_\_\_

**Address** \_\_\_\_\_

Street

City

State

Zip

**Home Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Email Address** \_\_\_\_\_ **Fax #** \_\_\_\_\_

**Occupation** \_\_\_\_\_ **Employer** \_\_\_\_\_

**Employers Address** \_\_\_\_\_

Street

City

State

Zip

**Professional License Type and Number** \_\_\_\_\_ **Expiration Date** \_\_\_\_\_

**Medical/Nursing Specialty** \_\_\_\_\_

**Language Skills:**

**Spoken 1** \_\_\_\_\_ **Level 1 2 3 4 5(Fluent)** **Written 1 2 3 4 5(Fluent)**

**Spoken 2** \_\_\_\_\_ **Level 1 2 3 4 5(Fluent)** **Written 1 2 3 4 5(Fluent)**

**Special Skills (Circle those that apply)**

**Carpentry**      **Childcare**      **Cooking**      **Clerical**

**Electrician**      **Mechanical**      **Inventory**      **Musician**

**Plumbing**      **Painter**      **Cleaning**      **Lab Technician**

**Other:** \_\_\_\_\_

**Felony Criminal Record (please explain)** \_\_\_\_\_

**Personal Reference** \_\_\_\_\_

Name

Relationship

Phone

**T-Shirt Size (Unisex):** S M L XL XXL XXXL

**Medical Mission Trip Date and Destination** \_\_\_\_\_

How did you hear about Refuge? \_\_\_\_\_

Have you been on medical mission trips before? If so, when and where?

I am also interested in being a Refuge volunteer in the following areas:

Health Screening Clinics in East Texas

Clerical Assistance

Fundraising

## Medical History and Consent For Treatment

Medical Conditions \_\_\_\_\_

Current Medications \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Allergies \_\_\_\_\_ Special Diet \_\_\_\_\_ Blood Type \_\_\_\_\_

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

Name

Relationship

Phone #

I \_\_\_\_\_ will notify the team leader(s) of *Refuge International* should I require medical attention. I will allow team leader(s) of *Refuge International* to secure the hospital, doctor, and anesthesiologist for emergency surgery and/or treatment if it becomes necessary for my life or safety.

Signature \_\_\_\_\_

Healthcare Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_ Insurance Company Phone # \_\_\_\_\_

Please mail completed applications, waivers, and deposits to:

*Refuge International*  
**104 N. Montgomery**  
**Gilmer, Texas 75644**