



PROJECT APPLICATION
Medical Ministry International
P.O. Box 1339; Allen, TX 75013-0022
Phone 972.727.5864; Fax 972.727.7810

PLEASE REGISTER ME FOR \_\_\_\_\_ SECOND CHOICE \_\_\_\_\_
(dates, village & country) THIRD CHOICE \_\_\_\_\_

- Attach a picture of yourself. (A snapshot will do.)
\$100 deposit. This is transferable but not refundable unless the project is cancelled.
Photocopy of Passport. If you do not yet have a passport, contact our office when it arrives.
Medical & Dental professionals include a copy of diploma & current license (that will be current through the project). For projects in Jamaica & Ghana, these must be notarized.
Physicians, send Curriculum Vitae and list of surgical privileges, if appropriate.

Name as it appears on passport (please print) \_\_\_\_\_

Preferred Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Passport # \_\_\_\_\_ (If you do not yet have a passport, leave this space blank and contact our office when your passport arrives.)

Degree \_\_\_\_\_ Do you plan to participate in this capacity? (if not, please specify) \_\_\_\_\_

Unless otherwise instructed, we send MMI news to your home for the whole family to read.

Home Address: \_\_\_\_\_ Office Address: \_\_\_\_\_

\_\_\_\_\_ Zip + 4 \_\_\_\_\_ Zip + 4 \_\_\_\_\_

Home Phone \_\_\_\_\_ Office Phone \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

Citizenship \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Marital Status \_\_\_\_\_ Church membership \_\_\_\_\_ Active? \_\_\_\_\_
mo. day yr.

Briefly describe your spiritual faith \_\_\_\_\_

Medical Specialty \_\_\_\_\_ Board qualifications \_\_\_\_\_ Area of special interest \_\_\_\_\_

Nursing Degree or Title \_\_\_\_\_ Years/experience \_\_\_\_\_ Area of interest \_\_\_\_\_

I am a student, graduating in the year \_\_\_\_\_ from: Medicine \_\_\_ Dentistry \_\_\_ Nursing \_\_\_ Other \_\_\_\_\_

Health Status: Are you taking medication that will affect your ability to work with the medical team? Are you disabled or limited in normal activities? Do you have dietary restrictions that we must plan for? \_\_\_\_\_

How did you hear about MMI? (choose one) [ ] Internet Site: \_\_\_\_\_ [ ] Publication/Article: \_\_\_\_\_
[ ] Conference: \_\_\_\_\_ [ ] Friend: \_\_\_\_\_ [ ] Other: \_\_\_\_\_

Are you part of a group applying for this project? \_\_\_\_\_ If so, which group? \_\_\_\_\_

How many MGM or MMI projects have you participated in? \_\_\_\_\_ Other missionary or expatriate experience? \_\_\_\_\_

Languages other than English \_\_\_\_\_ Proficient enough to be an interpreter? \_\_\_\_\_

Special mission skills or talents to list? \_\_\_\_\_

Morning devotions: Would you like to prepare a 5 to 10 minute Bible Study for the team? \_\_\_\_\_ (We have only 10 slots to fill.)

I already have a white plastic MMI nametag with a blue logo and my photo on it: YES \_\_\_ NO \_\_\_ (OVER)

\*\*Please make a copy of your application for your records.\*\*

**THANK YOU FOR CHOOSING MMI. WE WILL SEND ADDITIONAL INFORMATION ABOUT YOUR SPECIFIC COUNTRY AND LOCATION.**

Medical Ministry-USA is incorporated in Texas as a 501(c)(3) tax exempt, non-profit organization. To obtain your receipt for US tax purposes, make all checks payable to MMI and write any specific information on a separate piece of paper, NOT on the face of your check.

**Please do not make travel arrangements until you have been accepted through our office.**

You could get stuck with a nonrefundable ticket if your project is already full when we receive your application.

**Two Week Participation Fee\*: US \$1075 One Week Participation Fee\*: US \$775**

\* The global cost of a 2 week MMI project is approximately \$1300 US per participant. The difference between the global cost and your participation fee is made up through generous ministry and staff support donations.

\* The participation fee does not include the cost of airfare. See Travel section below.

**I AM APPLYING FOR (COUNTRY) \_\_\_\_\_ FOR \_\_\_\_\_ WEEKS, ON (DATE) \_\_\_\_\_**

- \$100 deposit is enclosed. I understand this is transferable, but not refundable unless the entire project is cancelled.

I am paying by:  Personal Check, made payable to MMI

Credit Card: *Visa MasterCard Discover*

# \_\_\_\_\_ Expiration Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Print name as it appears on card \_\_\_\_\_

Signature \_\_\_\_\_

- The balance due is \$ \_\_\_\_\_, to be paid at least 30 days prior to departure.

I will be making this donation by:  Personal Check to be mailed 30 days prior to departure.

Pre-authorization with the above Credit Card, 30 days prior to departure.

Cancellation Policy: On occasion MMI participants find it necessary to cancel from a project. MMI understands these unforeseen circumstances and our cancellation policy is as follows: More than 14 days notice: Your donation for the participation fee, less the application deposit of \$100 US (\$115 CDN), will be held on file for your next project within three years and may be refunded upon request in the same tax year. 8 – 14 days notice: 2/3 of your donation for the participation fee will be held on file for your next project within three years. 1 – 7 days notice: 1/3 of your donation for the participation fee will be held on file for your next project within three years.

**TRAVEL**

Please contact TAN Travel for flight information, even if you plan to make travel arrangements on your own. TAN helps coordinate team arrivals and departures, helps limit overweight charges for medical/dental supplies, and will work with you for additional vacation plans after your MMI project. If you make your own arrangements and do not coordinate the flight schedule with TAN, you may be responsible for your own ground transportation to the project site. Checks for airfare purchased through TAN can be written to MMI and will be receipted for tax purposes.

**INSURANCE**

Volunteer missionary medical evacuation/travel insurance is provided for MMI Participants.

Beneficiary Name \_\_\_\_\_

**PRE PROJECT PLANNING (check one)**

Yes, please share my contact information with my team for pre- project planning.

No, please do not share my contact information with my team.

**WAIVER OF RESPONSIBILITY**

I (We), \_\_\_\_\_ along with all members of my (our) family\*, in consideration of the benefits derived if accepted for an MMI project, hereby voluntarily waive any claim for any reason against Medical Ministry International, Medical Ministry (USA) or Medical Ministry (Canada), the officers, leaders, staff members and sponsoring institutions.

Signed \_\_\_\_\_ Date \_\_\_\_\_

\*Waiver must be signed by each applicant. Parent or guardian must sign for minors.

**EMERGENCY CONTACT**

Name \_\_\_\_\_ Phone Numbers \_\_\_\_\_ or \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip + 4 \_\_\_\_\_

**M**edical Ministry International, with over 30 years experience, expresses the good news of the gospel by caring for those who have little access to medical care. In this context we have found it important to charge a symbolic yet significant fee for our services. This prepares patients to understand their responsibility for their own health and is coherent with fees in our MMI 500 centers.

**M**edicine is ministry! Volunteers from almost all Christian traditions serve with MMI through the practice of medicine. MMI volunteers are Christians who take time from work or school to help and learn from us.

**I**nteraction with local cultures demands sensitivity. MMI participants are expected to abstain from alcohol, tobacco and illegal drugs, from visiting bars and discos, and to observe local dress codes as outlined in MMI information packages for each area.