

Medical Mission Team - Diocese of the Central Gulf Coast

Application to participate in the Medical Mission
to the Diocese of the Dominican Republic
2010 Mission Dates: May 9 – 16, 2010
Deadline for this Application is March 31, 2009

Name as it appears on your passport: _____

Name by which you are called: _____

Address: _____

(Street, City State, and Zip Code)

Personal Contact Information: E-mail: _____

Phone: (Day) _____ (Night) _____ (Cell) _____

Please identify preferred number with an asterisk (*)

(**Attach** a copy of the page showing your photo, passport number and expiration date.)

US Passport Number: _____

Emergency Contact: (Name & relationship) _____

(Phone numbers) _____

Denomination: _____

Home Church: _____

Do you speak any Spanish? Yes No

How well? _____

Can you serve as a translator for a physician? Yes No

Have you traveled to Central or South America, Mexico, the Caribbean or another Spanish speaking country, or participated in other church missions? Yes. No.

If so please list the countries, dates, and reason for travel: _____

All medical personnel and pharmacists: please attach a copy of your license or other qualifying Certification as these documents are required by the Dominican government.

All applicants, both medical and non-medical, please list your qualifications and experience that you believe would be useful to the medical mission:

Do you have any medical condition or dietary considerations that might be affected by traveling in primitive accommodations and / or working in a tropical climate: (I.e.: diabetes, asthma, high blood pressure, heart disease, food allergies, stomach problems)?

I understand that this application does not insure that I will be selected to be a member of this Missionary Team and that if I am selected that I must:

A. Make my own flight reservations and pay for my own air fare to and from the Dominican Republic (note: airfare has ranged from \$550 to \$800 depending on when and where booked); pay for 5 nights at the Hotel Macorix, San Pedro de Macorix, at \$44/night/person(inclusive of breakfast and dinner); pay for two nights in Santo Domingo, at \$ 40/night/person(inclusive of breakfast) (R&R at the the Hotel Mecure in the old Colonial District - unless you choose to book an earlier return to the US).

B. Support the Mission by raising a minimum of \$250 from my home congregation or Other sources, and that this contribution will be used toward the cost of medications and support for the Mission work in the Dominican Republic.

C. Attend at least one team meeting before the departure date.

D. Be able to carry my own luggage and 50 pound team bags when necessary.

Please make sure that your Health Insurance covers accidents and illnesses abroad.

Health Insurance Company: _____

Member ID Number:_____

Why do you want to be a member of this Missionary Team?

If not selected for this Mission Team would you be interested in going on a future Mission to the Dominican Republic? Yes No

Release of Liability

I am aware of, understand, and accept full responsibility for all risks of travel and work assigned to me while participating in the Mission work of the Diocese of the Central Gulf Coast in the Dominican Republic. I hereby indemnify and hold harmless the Diocese of the Central Gulf Coast, its staff and agents, and waive any and all legal claims against the same for any injuries, imprisonment, abduction, death, direct or consequential damages or loss that may result from work and involvement in the Diocese of the Central Gulf Coast's Mission work in the Dominican Republic, assuming all of such risks unto myself.

_____ (signature)
_____ (date)

Please mail (1) your completed signed application, (2) a copy of your passport, and (3) a copy of your medical, dental or pharmacy license or other legal certification and any contributions to:

Diocese of the CGC Medical Mission
c/o Keith Greene, Mission Team Co-leader
57 Poquito Road
Shalimar, FL 32579-1115
(850)651-4158 (H) (850)496-7724(C) email: godthing2@cox.net

For information, you may also call Florence Crawford, Mission Team Co-leader, at (850)774-4162 or email at: florencecrawford@att.net

Additional information may be found at
<http://www.diocgc.org/2010-medical-dental-mission-trip-to-dominican-republic/>