

Christian Medical Missions, Inc.
2019 Application

Date_____

Name on Passport_____

Mailing Address_____

City_____ State_____ Zip_____

Home Tel_____ Office Tel_____

Cell #_____ E-Mail_____

Occupation_____ Date of Birth_____

Passport #_____ Expiration Date_____

Home Airport_____ United Mileage # (if applicable)_____

Send copy of passport picture page with application
Please renew if passport expires within 6 months of date of trip

Medical Information (allergies or known medical problems)_____

In case of emergency, please notify:

Name_____ Relation_____ Tel_____

Name_____ Relation_____ Tel_____

_____Mayan Indians/ Chichicastenango, Guatemala (Jan 26 – Feb 3, 2019)

_____Mayan Indians /Panajachel- Lake Atitlan, Guatemala (Apr. 27- May 5, 2019)

Do you speak Spanish? Yes () No () Poquito ()
T-Shirt size? Small () Med () Large () X-Large () XX-Large ()
Glove Size? Small () Med () Large ()

A \$100 dollar deposit is required with application. Checks made payable to CMMI.
CMMI / P.O. Box 160515 / Austin, TX 78716 / 512-924-4225

Each team will be selected from applications received for the most effective team. You will be notified as to your selection for the trip indicated. Once you are selected for a trip and need to cancel, deposits are nonrefundable. Checks written to CMMI are tax-deductible.

Release and Waiver of Liability

The undersigned is an adult 18 years of age or older who desires to volunteer his/her services for a mission trip to Guatemala. The undersigned understands and acknowledges that there may be risks of bodily injury or illness (including death) inherent in travel to Guatemala and that he/she voluntarily assumes all such risks and releases Christian Medical Missions, Inc. or any of its directors from all liability for these and any other risks in connection with his/her activities, as hereinafter provided.

As a consideration for the right and privilege of being permitted to participate in the activities and services of this mission trip, the sufficiency of which is hereby acknowledged, the undersigned does hereby release liability of any kind whatsoever and hold such blameless for any injury or illness (including death) whether physical or emotional, or property damage or loss of any nature, resulting from, arising out of, or in any way connected to the work, services, or activities when in Guatemala or Honduras. The undersigned hereby agrees to assume all risk of any such occurrence in connection with his/her activities, performed or engaged in for Christian Medical Missions, Inc. hold its directors, officers, employees and agents harmless and indemnify and defend them against all claims, liabilities, loss damage, cost in any way connected to his/her activities engaged in or performed in connection with Christian Medical Missions, Inc.

The undersigned acknowledges and affirms that he/she has carefully read this release and has asked for and obtained a satisfactory explanation to any questions he/she has and has signed it voluntarily.

Signature of Volunteer

Date

Printed name of volunteer

Signature of Witness

Date

Printed name of witness

(Cannot be another team member)