

Mexican Medical Ministries Weekender Registration

Please fill out the following forms and enclose the required items:

- General Registration
- Consent for Medical Treatment
- Release of Liability
- C.V. (if applicable)
- 1 copy of Passport
- 1 copy of Professional License
- \$30 Registration Fee (Canadian applicants send US funds by money order.)
- Team(s) you want to join Date: _____ Place: _____

Once Completed please send to:

Medical Coordinator
Mexican Medical Ministries
251 Landis Ave.
Chula Vista, CA 91910-2628
Phone (619) 420-9750

General Registration

PERSONAL

Name _____ Name you prefer to be called _____ T-shirt size _____

Address _____ E-mail _____

City _____ State/Prov _____ Zip/Postal Code _____

Phone Work _____ Home _____ Cell _____

Citizenship _____ Date of Birth _____ Sex _____

PROFESSIONAL

Profession _____ Position Desired _____

Present Educational Level _____

Missions & Professional Experience (May include C.V. if easier) _____

Dates/Time frame Available: _____

LANGUAGE/ OTHER

How well do you speak Spanish? Fluent Some None

Can you do a medical history or physical exam in Spanish without a translator? YES NO

Are you willing to fly in small planes (4-6 seats) if required? YES NO

If flying is required we need your...Hgt. _____ Wt. _____

If applicable, how will you be supported financially for this mission trip?

How did you hear about Mexican Medical Ministries?

Why do you want to join this team?

What would you like to do during your time in Mexico?(i.e. surgery, dental, evangelism, work with children, construction...please be specific)

SPIRITUAL

Church you regularly attend _____

Church Phone _____ Fax _____ E-mail _____

Name of Pastor or point of contact at church _____

If applicable, please briefly describe how you came to know Jesus.

EMERGENCY

Emergency Contact Name _____ Relationship _____

Phone _____

List current health problems and physical limitations.

List medications you regularly require.

Please add any additional comments you would like to make on another sheet.

I affirm my qualifications as a candidate for the mission team with Mexican Medical Ministries. I understand that any misinformation in regard to these requirements will constitute grounds for immediate dismissal from the program without financial refund. I have read the statement of faith of Mexican Medical Ministries. I agree to support the values and goals of Mexican Medical Ministries while serving with them.

Signed _____ Date _____

CONSENT FOR MEDICAL TREATMENT

This form must be filled out and signed by ALL volunteers. A copy must be sent to MM headquarters. The *original* Consent for Medical Treatment must remain with the applicant at all times while traveling in Mexico.

CONSENT FOR MEDICAL TREATMENT

I hereby agree to the performance of any emergency medical treatment, anesthetics and operations deemed necessary by an attending physician on:

Print name of applicant

I realize this authority is being granted for domestic and non-domestic territory. I understand that I am responsible for providing medical and accident insurance to cover the activities while participating in Mexican Medical's programs.

Signature of applicant

Date

RELEASE OF LIABILITY

This form must be filled out and signed by **ALL** volunteers. The **original** Release of Liability must be sent to Mexican Medical headquarters.

I, _____, 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 services with Mexican Medical, Inc., and 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 Mexican Medical, Inc., for any and all causes in connection with the activities of the above organization and individuals.

Signature _____ Date _____