

**Crossroads Outreach Medical Mission International
Trip Application:**



COMM-International
Christian Medical Mission

Last Name: _____ First Name: _____

Address: _____

Date of Birth: _____ Gender: _____

Home phone: _____ Mobile: _____

Work phone: _____ E-Mail: _____

Education and Skills: (Please list type of skill, degree or specialty)

Emergency Contact information:

Name: _____ Relationship: _____

Address: _____

Home phone: _____ Mobile: _____

Work phone: _____ E-Mail: _____

Expectations:

1. We are a Christian nondenominational organization and welcome all faiths to be part of our volunteer experience, however, Christianity is what informs and motivates all our activities.

2. As Christ's representatives we will conduct ourselves in a manner worthy of the gospel, and will strive to be humble, gentle, patient, understanding and peaceful in the mission field. People will not only see the work we do, they will also observe our conduct. Accordingly, we respectfully request that throughout the time we are traveling together as a group, all volunteers should refrain from drinking alcoholic beverages, smoking and any behavior that could cause others to question our faith and/or negatively impact our image as a Christian mission.

3. We believe in the power of the gospel, prayer and use of medications to bring hope and healing to humanity. Expect to see the use of a holistic approach in promoting optimal health.

4. We go to serve and will work as unto the Lord, with a smile and without strife.

Medical Information:

Are you fit, emotionally, physically and mentally? Yes _____ No _____

If "no", please explain: _____

Have you been or are you being treated for anxiety, depression or addiction? Yes _____ No _____

If "yes", please explain: _____

List known allergies: _____

Any food allergies? _____

Dietary restrictions : _____

Please share any known heart, kidney, liver or other conditions: _____

Please list any medications that you are currently taking: _____

Additional Information:

Do you speak another language? Yes _____ No _____ Specify: _____

Would you be willing to interpret, if needed? Yes _____ No _____

What motivated you to apply? _____

Describe any spiritual gifts you may have: _____

Have you participated in a medical mission or mission project before? Yes _____ No _____

Where? _____ What did you do? _____

What do you see yourself contributing to this project/mission? _____

Are there any issues or concerns in your life that would have an impact on your commitment and involvement in this trip? _____

Participant's signature: _____ Date: _____

Please include the following, if necessary, with this Application:

- \$ 100 deposit
- copy of your medical/professional license
- copy of your current passport (should not expire within 6 mons. of returning from international mission)
Please include your Delta SkyMiles account # on the copy of your passport.