



# GLOBAL HANDS OF HEALING

## Trip Application

Trip Destination: \_\_\_\_\_ Trip Dates: \_\_\_\_\_ Airline FF #: \_\_\_\_\_

Passport # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**\*\*Full Legal Name On Passport:** \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Roommate Preference: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Occupation/Work Experience: \_\_\_\_\_

Medical Mission Experience Last 5 Years (Year/Destination; add page if necessary): \_\_\_\_\_

\_\_\_\_\_

Mission trip area experience/expertise (circle applicable): Medical Dental Vision Triage Pharmacy  
Foreign Language Fluency \_\_\_\_\_ Other \_\_\_\_\_

Medical **and/or** Food Allergies: \_\_\_\_\_

Chronic health conditions/current medications (add page if necessary): \_\_\_\_\_

\_\_\_\_\_

Physical and/or Dietary Limitations: \_\_\_\_\_

List **two** Emergency Contacts in USA (Name, Relationship, Address, Phone, Email). The team physician for the trip is designated for medical care decisions unless you want to decline his/her care. If you want to decline, you **must** send an email to team leader and designate another person on the trip.

1). \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2). \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*\* All trip applicants *must* attach a copy of their current passport**

**\*\* Medical professionals *must* attach copy of current license**



# GLOBAL HANDS OF HEALING

## Release of Liability

**Trip Destination:** \_\_\_\_\_

**Trip Date:** \_\_\_\_\_

The undersigned acknowledges and states the following: I have chosen to travel and work as a volunteer for Global Hands of Healing, Inc. (GHOH), a 501 (3) c Texas Corporation and engage in the activities related to being a volunteer for a healthcare mission team. Limited to Destination & Dates noted above.

I understand that this work could entail a risk of physical injury. I certify that I will **not** do any work that I am physically unable to perform.

I understand I am engaging in this trip at my own risk. I assume all risk & responsibility for any damage or injury to my property or any personal injury, which I may sustain while involved in this project, and related medical costs and expenses if not compensated for by insurance.

This Release discharges GHOH from any liability or claim that I, the undersigned, may have against GHOH with respect to bodily injury, personal injury, illness, death, or property damage that may result from my participation on the GHOH trip.

I grant unto GHOH all right, title, and interest in any and all photographic images, video or audio recordings that are made GHOH during my work with GHOH.

This Release is intended to be broad and inclusive as permitted by the laws of the State of Texas in the USA; and shall be governed by and interpreted in accordance with the laws of the State of Texas.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Volunteer Printed Name

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