

Marion Medical Mission 2010

1412 Shawnee Drive
Marion, Illinois 62959

(618)997-5365
(618)997-5366 fax
tom@marionmedical.org

Dear Applicant:

Greetings in Christ's name! The Marion Medical Mission (MMM) is a non-profit Christian organization that combines humanitarian volunteer action with self-help projects to provide safe water, assist in building schools and meeting medical needs, empower local communities, and foster inter-cultural relationships with the people of Africa. If you are looking for an experience that will change your life and the lives of others, MMM invites you to join our corps of volunteers.

We are planning to send 2 teams of volunteers during the months of September, October and November, 2010. Estimated dates are:

Team 1: Sep 17th to Oct 11th

Team 2: Oct 8th to Nov 1st

- *Team members are asked to commit to a minimum of approximately 25 days duty.*
- *Volunteers pay their own expenses, including airfare, food, lodging, and incidentals.*
- *We estimate the cost of a 3-week trip to be about \$3000-\$4000. You pay actual cost, which can vary, based on current airfares, length of stay, costs of immunizations (these costs may vary according to your insurance coverage--it may be as much as \$500), etc.*
- **We need your application as soon as possible! Complete and sign the Application Form, the Program Policies Form, and "Hold Harmless" Waiver and return them to us within two weeks.**
- *Our teams are small and interest is very high this year. The Board has set a general guideline goal of 40% new volunteers. Please note that previous participation is not a guarantee for acceptance. We will contact you for an interview after receipt of all application materials.*
- *Decisions on acceptance or rejection will not be made until April. **Applicants will be notified no later than April 17th.***
- *All applicants must submit an application (volunteer veterans see below).*
- ***Previous volunteers** need only complete the General Information form including experience and areas of interest. You do not need to provide references after your first trip. All applicants, however, need to sign and have notarized the Waiver and have the medical form signed by your physician.*
- *Please note that regardless of your expressed team preference, we reserve the right to request you to serve on either team to best meet the needs of the mission.*
- *Have your reference forms filled out by two people who have known you for more than three years. Please use your pastor or spiritual mentor as one reference and an employer as the second reference, if possible. Instruct each reference person to send the form in a sealed*

envelope (postage and envelope provided by you) directly to MMM.

- *Applications may be approved subject to MMM's acceptance of your health form and receipt of proof of out-of-country health insurance.*
- *You must complete all immunizations required by your health service for travel to Malawi in southern Africa.*
- **You will need to attend the Volunteer Training, which is scheduled for July 16 (starting at 6PM) and July 17, 2010 in conjunction with our 25th Anniversary Celebration on July 17 in Herrin, IL.**

Thank you for considering serving as a volunteer with the MMM. You can begin helping now by praying for the MMM, our board members, the volunteers, and the African communities served.

*In His Service,
Marion Medical Mission*

Marion Medical Mission Application 2010 Checklist

1. Application:

- Application Form submitted. Please note the new Health Assessment section!*
- Program Policies Form signed and submitted.*
- Hold Harmless Waiver Form notarized and submitted.*

2. References:

- Two Reference Forms filled out and mailed in by your references.*

3. Interview:

- Phone Interview held with Veteran Volunteer.*

4. Health Form and Immunization:

- Physical completed with your physician.*
- Health form completed by you and your physician and submitted.*
- Immunizations completed prior to September 17, 2010.*

5. Travel Medical Insurance

- Out-of-country health insurance verified with your current Insurance Company.*
- If not covered: MMM Group Insurance Form filled out and mailed in.*
- If applicable, a CHECK for Group Travel Insurance sent to MMM – please make check out to International Medical Group.*

Please note that you must have current health insurance in the U.S. in order to qualify for the trip!

Marion Medical Mission Application 2010

Return to: **Marion Medical Mission**
1412 Shawnee Drive
Marion, Illinois 62959

- Volunteer Application (4 pages)
- Personal Reference Forms (2 Forms)
- Program Policy Information (1 Page)
- Hold Harmless Form (1 page)
- Proof of Health Insurance Coverage

General Information:

NOTE: Please list your name EXACTLY as it is shown on your passport.

Last name _____ First _____ Middle _____ Birth date _____

Mailing address _____ City _____ State _____ Zip _____

Male _____ Female _____ Email address _____

Home phone _____ Work phone _____ Cell _____ Marital Status _____

Passport number _____ Expiration date _____ Place issued _____

(If you do not have a valid passport, the process to get one could take several weeks)

Are you a US citizen? _____ If not, list citizenship _____

Other than English, do you speak additional languages? _____

PLEASE READ: Travel to Africa, can be difficult, both physically and emotionally. Please know that travel will be long and tiring; vehicles will primarily be 4-wheel drive trucks on very rough roads, paths and many times off road. Well sites are reached by walking, often long distances, sometimes uphill. During that time of year, weather will be hot - mid-80s to 100 degrees, sometimes very humid, often breezy with dust and wood smoke in the air. Health care resources are often a long distance away and inadequate. Please be sure you are in good physical shape for this trip. For that reason you will be REQUIRED to carry health insurance that will cover a health related emergency while traveling abroad including emergency air evacuation coverage. If you do not have this type coverage, we can recommend some low cost alternatives.

Health Assessment: Do you or have you ever had the following?

- High Blood Pressure _____ Stroke _____ Heart Attack _____
- Heart/Cardiovascular Surgery: _____ Type _____ Date _____
- Diabetes _____; if yes, how is it controlled? _____
- Cancer _____; if yes, what type and how was it treated? _____
- Seizures _____ Asthma/Other breathing problems _____
- Kidney Problems _____ Visual problems _____ Hearing Problems _____
- Other serious medical problems _____
- Surgeries in the past 6 months: _____
- Are you taking any medications? _____; if yes, please name them: _____

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- Do you have any drug allergies? _____
 - Do you have any other allergies?

 - Do you have any mobility restrictions – such as difficulty walking moderate distances (up to 1 mile, over uneven, steep terrain)? YES ___ NO ___
 - If YES, describe the condition and limitations _____

Health Risk/ Habits and Lifestyle:

- Do you smoke? _____ How many per day? _____
- Do you use alcohol? _____ How frequently? _____
- Do you use recreational drugs? _____ If yes, what and how frequently? _____
- Are you on any special diet? _____
- Do you exercise regularly? _____

Health Insurance and Travel Medical Insurance (please note that you must have current health insurance in the U.S. in order to qualify for the mission trip):

Please list your current health insurance company and policy number _____

Does the Policy cover you abroad? _____

Does your insurance cover air evacuation in case of an emergency? _____

If not, we can help you get coverage. Do you want to apply for Group Travel Insurance? _____

Please provide two emergency contacts:

Emergency contact name _____ Address _____

_____ Telephone _____

Emergency contact name _____ Address _____

_____ Telephone _____

Experience:

Current Employment Status: _____

Describe any experiences that would equip you for MMM volunteer service. _____

How have you served in your local church or community? _____

Brief Statement of Faith:

Areas of Interest:

Available for service (circle all that apply): Team 1 (Sep 17th – Oct 11th) Team 2 (Oct 8th – Nov 1st)

Have you traveled abroad or participated in any short-term mission trip before? _____

If yes, where? _____

Have you ever participated on a Marion Medical Mission team? Yes ___ No ___ If yes, when? _____

Service area preferences (check all that apply):

- ___ shallow well driving (Driving is generally off-road with manual transmission and opposite side steering)
- ___ teacher or teacher training (area of expertise _____)

Other Skills that might be pertinent _____

I understand that my talents and gifts will be used where the team leadership feels they are the most needed.

Previous volunteers have now completed their General Information form. Please sign at the bottom of the next page. First time volunteers need to complete the remainder of this form and sign at the bottom of the next page.

References:

Reference 1:

Pastor _____ *Your Church* _____

Mailing address _____ *City* _____

State _____ *Zip* _____ *Email address* _____

Home phone _____ *Work phone* _____ *Cell* _____

Reference 2: (employer/supervisor is preferred if appropriate)

Name _____ *Connection to applicant* _____

Mailing address _____ *City* _____

State _____ *Zip* _____ *Email address* _____

Home phone _____ *Work phone* _____ *Cell* _____

Describe how you came to know about Marion Medical Mission:

Signature _____ *Date* _____

There will be a personal interview with an experienced MMM volunteer.

Marion Medical Mission 2010 Reference Form #1

Return to:
Marion Medical Mission
1412 Shawnee Drive
Marion, Illinois 62959

Applicant's Name: _____ has requested he/she be considered for a volunteer position with the Marion Medical Mission on a trip to Africa. Your input helps us to assess their strengths for mission service in Africa. Any information you provide will remain confidential. Please answer the following questions based on your knowledge of the applicant using #10 as excellent, #5 as average and so on. Mail your reference to the address shown at the top of this page.

1. How well is applicant able to adapt to new situations? 1 2 3 4 5 6 7 8 9 10

2. How well does applicant demonstrate ability to be a team player? 1 2 3 4 5 6 7 8 9 10

3. How well does applicant accept direction and guidance? 1 2 3 4 5 6 7 8 9 10

4. How well does applicant perform under stress? 1 2 3 4 5 6 7 8 9 10

5. How would you rate applicant's overall cultural sensitivity? 1 2 3 4 5 6 7 8 9 10

6. How much do you recommend applicant's participation with MMM? 1 2 3 4 5 6 7 8 9 10

7. Do you have additional comments about this applicant (use the back of this form if necessary)?

Print Name: _____

Signed _____ **Date** _____

Relationship to Applicant _____

Phone number _____ **Email** _____

Address _____

Marion Medical Mission 2010 Reference Form #2

Return to:
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1412 Shawnee Drive
Marion, Illinois 62959

Applicant's Name: _____ has requested he/she be considered for a volunteer position with the Marion Medical Mission on a trip to Africa. Your input helps us to assess their strengths for mission service in Africa. Any information you provide will remain confidential. Please answer the following questions based on your knowledge of the applicant using #10 as excellent, #5 as average and so on. Mail your reference to the address shown at the top of this page.

1. How well is applicant able to adapt to new situations? 1 2 3 4 5 6 7 8 9 10

2. How well does applicant demonstrate ability to be a team player? 1 2 3 4 5 6 7 8 9 10

3. How well does applicant accept direction and guidance? 1 2 3 4 5 6 7 8 9 10

4. How well does applicant perform under stress? 1 2 3 4 5 6 7 8 9 10

5. How would you rate applicant's overall cultural sensitivity? 1 2 3 4 5 6 7 8 9 10

6. How much do you recommend applicant's participation with MMM? 1 2 3 4 5 6 7 8 9 10

7. Do you have additional comments about this applicant (use the back of this form if necessary)?

Print Name: _____

Signed _____ **Date** _____

Relationship to Applicant _____

Phone number _____ **Email** _____

Address _____

Marion Medical Mission 2010

Program Policies

Return to:
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Marion, Illinois 62959

Financial Policies:

Airfare has varied from \$1,200 to \$3,000 (and may be higher this year). Room and board is estimated at an additional \$400 to \$700. Volunteers should estimate a cost of up to \$3,000-\$4,000. All travel expenses paid to Marion Medical Mission are tax deductible.

Program Policies:

Program volunteers must be at least 21 years old, hold a valid driver's license and valid passport, have the required inoculations, and be covered by adequate insurance. Shallow well team volunteers must be able to drive a four-wheel drive vehicle with a manual transmission. Volunteers should have initiative and be able to work independently.

Cancellation and Refund Policy:

If an applicant cancels prior to the mission trip start date, the applicant will receive a full refund of air travel expenses paid less any fees imposed by the airline or travel agency. Some airfares may not be refundable. All cancellations must be received in writing. The Marion Medical Mission reserves the right to cancel mission trips for any reason. If for any reason the Marion Medical Mission cancels a mission trip, all applicants will receive a total refund of travel expenses paid to Marion Medical Mission less non-refundable items.

Additional Policies:

The Marion Medical Mission reserves the right to decline the application of or to ask anyone who is a danger to the mission, himself/herself or others, to leave the mission field.

MMM 2010 Teams will be selected by a selection committee after prayerful review of all applications. Submittal of an application by either new or veteran volunteers does not guarantee acceptance to the team. Selections will be made with consideration of the following:

- Team Composition: 40 to 50% new volunteers, 50 to 60% veterans*
- Individual Volunteer's talents, skills, abilities and interests*
- Compatible personalities*
- MMM Project needs*
- Health and Medical Concern*

If you are accepted as a volunteer for the MMM, you will be required to: 1) Attend one or more pre-trip orientation meetings, 2) Submit a medical release signed by your doctor, 3) Submit passport information (if not submitted with initial application), and 4) Submit medical insurance information (if not submitted with initial application).

I am submitting this application and have read this agreement, I agree to the terms, and I have made a copy for my records.

Signature _____ Date _____