



# Volunteer Application Form

Date Applied: \_\_\_\_\_ Date Received: \_\_\_\_\_

Legal Full Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ P.O. Box/Apt. No.: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Nighttime Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Name of Parish/Church \_\_\_\_\_ Occupation \_\_\_\_\_

1) Are you a licensed health care professional? Yes \_\_\_\_\_ No \_\_\_\_\_

If answer is yes, name the specific profession and title. \_\_\_\_\_

2) Do you speak Spanish? Yes \_\_\_\_\_ No \_\_\_\_\_ Fluently? Yes \_\_\_\_\_ No \_\_\_\_\_ Write? Yes \_\_\_\_\_ No \_\_\_\_\_

3) Are you in good health? Yes \_\_\_\_\_ No \_\_\_\_\_ Are you on any medications? Yes \_\_\_\_\_ No \_\_\_\_\_

If answer is "No" to general health or "Yes" to medications, please explain: \_\_\_\_\_

4) Have you participated in medical mission service work in the past? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, in what capacity? \_\_\_\_\_

5) Do you have any special dietary needs? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

St. Francis Medical Mission, Inc. is a 501 (c) (3) non-profit organization.

P.O. Box 2313  
Cedar Park, TX 78630



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"For it is in giving that we receive." Francis of Assis

6) How could you serve the medical mission effort? Circle one or more of the following categories:

Medical Doctor Adult	Medical Doctor Pediatric	Medical Doctor Other Specialty	Physician Assistant	Nurse Practitioner
Ophthalmologist Optometrist	Registered Nurse Ophthalmology	Optician/Vision Instrument Technician	Vision Team Assistant	Acupuncturist
Doctor of Chiropractic	Chiropractic Assistant Bilingual Preferred	Physical Therapist	Occupational Therapist	Massage Therapist
Doctor of Dentistry	Dental Anesthesiologist or Anesthetist	Dental Hygienist	Dental Assistant Sterilization	Dental Assistant Unskilled
Pharmacist/Coordinator Medication and Supplies	Pharmacy Technician or Pharmacy Aide	Triage RN/Vital Signs Medical Issues, Patient Services Scheduling	Triage/Med. Tech. Medical Issues, Patient Services Scheduling	Triage/Medical Team Assistant/Translator General Aide
Priest/Deacon Catholic  Nun	Chaplain's Assistant Catholic	Eucharistic Minister Catholic	Prayer Leader/Catholic/Bilingual	Family and Personal Counselor Therapist
Health Educator Bilingual Preferred	Translator Interpreter	Photojournalist Document Events	Crowd Control Patient Registration/Bilingual	General Helper

General Alert Regarding Medical Mission Working Conditions: Depending on the geographic location and time of year of our mission trips, we may encounter temperatures ranging from 45 to 100 degrees F. Our days are long, arduous and filled with much work. Accommodations are usually minimal with cots, bunks or even the floor for sleeping. Showers also may be minimal and typically cold. Food is basic. Travelling can also be very tiring. Due to these points and more, it is important that you are in good health and prepared for a physically and emotional challenging journey. If you have a heart, lung, digestive, muscular, neurological or other health condition, consult with your doctor to assure that the work would not compromise your health or life. Participation is at your own risk. A Waiver of Liability is required. A doctor's note may be helpful in any medical emergency. Travel health insurance will be provided with application. You will be notified of mandatory meetings well in advance of the mission trip that will help you on the specifics of the trip and any pre-planning and preparation that must be attended to.

\_\_\_\_\_  
Missionary Signature

\_\_\_\_\_  
Date

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