

Medical Ministry Canada Inc.
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APPLICATION FORM



All participants are required to complete an application
Please keep a copy of application for your records

PLEASE REGISTER ME FOR: _____
Date Village Country
Choice #2: _____
Choice #3: _____

REQUIREMENTS To be Included with Application Form

All participants: \$100.00 deposit Color photo for name tag Photocopy of Passport (if in process, send when received)

First-time medical professionals: Copy of diploma and current license (notarized for Jamaica or Ghana)

Returning medical professionals: Current license with application

Physicians, Dentists, Nurse Practitioners: Curriculum vitae (list of surgical privileges if appropriate) **Surgeons:** Privilege list

NAME (As on Passport) _____ DEGREE / TITLE: _____
Surname First Name Middle Initial

PREFERRED NAME: _____ SEX: M / F PASSPORT No. _____

COMPLETE MAILING ADDRESSES: Unless otherwise instructed, we send MMI news to your home for the whole family to read.

HOME: _____ OFFICE: _____
Postal Code: _____ Postal Code: _____
Phone: (_____) _____ Phone: (_____) _____
E-mail: _____ Fax: (_____) _____

CITIZENSHIP: _____ DATE OF BIRTH: (mm/dd/yy)_____/_____/_____ MARITAL STATUS: _____

CHURCH MEMBERSHIP: _____ ACTIVE? _____

BRIEFLY DESCRIBE YOUR SPIRITUAL FAITH: _____

MORNING DEVOTIONS: Would you like to prepare a 5-10 minute Devotion/Bible Study for the team? YES / NO (we have 10 slots to fill)

MEDICAL SPECIALTY: _____ Board Qualifications: _____ Area of Special Interest: _____

NURSES: Degree or Title _____ Years of experience _____: Area of Interest _____

STUDENTS: I will graduate in the year _____ from: Medicine _____ Dentistry _____ Nursing _____ Other _____

HEALTH STATUS : Are you taking any medication on a daily or continuing basis? Are you disabled or limited in normal activities due to illness?
Do you have any dietary restrictions that we must plan for? _____

HOW DID YOU HEAR ABOUT MMI? Internet Site: _____ Publication/Article title: _____
Conference: _____ Friend: _____ Other: _____

ARE YOU PART OF A GROUP APPLYING FOR THIS PROJECT? YES/NO If So, with whom? _____

HAVE YOU EVER BEEN ON AN MMI PROJECT? YES/NO IF YES, HOW MANY MMI and/or MGM PROJECTS? _____

OTHER MISSIONARY EXPERIENCE: _____

FOREIGN LANGUAGE(S): _____ ARE YOU PROFICIENT ENOUGH TO SERVE AS AN INTERPRETER? YES / NO

SPECIAL MISSION SKILLS OR TALENTS: _____

NAME TAGS: I already have a white plastic MMI nametag with a blue logo and my photo on it: YES / NO

(OVER)

MEDICAL MINISTRY CANADA INC. IS A REGISTERED CHARITABLE ORGANIZATION IN CANADA. ALL DONATIONS RECEIVED TO COVER PARTICIPATION FEES AND TRAVEL EXPENSES TO AND FROM THE PROJECT WILL RECEIVE A CHARITABLE DONATION RECEIPT WHEN MADE IN THE FORM OF A CHEQUE PAYABLE TO MMI OR BY VISA OR MASTERCARD. (SPECIFIC INFORMATION SHOULD NOT BE WRITTEN ON THE FACE OF THE CHEQUE.)

DONATION TO COVER PARTICIPATION FEE

(Effective January 1, 2012)

**The actual cost of a 2 week MMI project is approximately \$1,440CDN per participant. The difference between the global cost and your participation fee is made up through generous ministry and staff support donations.*

** The Participation fee does not include the cost of airfare. See Travel section below.*

The MMI Participation Fee is \$1,350.00 for a TWO-WEEK PROJECT and \$930.00 for a ONE-WEEK PROJECT.

- I understand that A DEPOSIT OF \$100.00 must accompany my application. I am making my donation by:
 - Personal Cheque payable to MMI
 - Credit Card: VISA / MASTERCARD # _____ exp. _____
Printed Name appearing on Card _____ Signature: _____
- I understand that the balance is due 30 DAYS BEFORE DEPARTURE and is payable to MMI.
I will be making this donation by: Personal Cheque to be mailed 30 days prior departure
 Pre-authorization with the above Credit Card, 30 days prior to departure

Cancellation Policy: Your application deposit is non-refundable unless the entire project is cancelled by MMI. In the event of participant cancellation, the deposit may be transferred only once to another project within one year of receipt of deposit. With more than 14 days notice: Your donation for the participation fee, less the application deposit of \$100 US & CDN, will be held on file for your next project within three years and may be refunded upon request in the same tax year. With less than 14 days notice: 1/2 of your donation for the participation fee will be held on file for your next project within three years. Compassionate consideration may be given due to illness or a death in the family.

DONATION TO COVER TRAVEL EXPENSES

After you have received your formal acceptance letter from your MMI Project Coordinator, please contact Heming Travel Group to book your flights. Heming Travel Group will work with you for additional vacation plans after your project, if necessary. Donations to MMI for airfare are due within 30 days of booking, and can be preauthorized by indicating so above. Donations will be receipted for tax purposes.

Other travel expenses such as vaccinations, visa applications, airline baggage charges, and "in-country" registration and licensing may be incurred. Receipts may be submitted to MMI Canada for a gift in kind donation receipt for tax purposes.

MEDICAL INSURANCE

Emergency evacuation and limited medical insurance is provided for MMI Participants. Beneficiary Name: _____

PRE PROJECT PLANNING (check one)

- Yes, please share my contact information with my team for pre-project planning.
- No, please do not share my contact information with my team.

STATEMENT OF CONDUCT

Medical Ministry International, with over 30 years of experience, expresses the good news of the Gospel by caring for those who have little access to medical care. In this context we have found it important to charge a symbolic yet significant fee for our services. This prepares patients to understand their responsibility for their own health and is coherent with fees in our MMI 500 centers.

Medicine is ministry! Volunteers from many Christian traditions serve with MMI through the practice of medicine. Local MMI volunteers are Christians who take time from work or school to help and learn from us.

Interaction with local cultures demands sensitivity. Also, the integrity of our testimony as a Christian ministry must be maintained. MMI participants are expected to abstain from using alcohol, tobacco, and illegal drugs. They also should refrain from any activities deemed inappropriate by a project director including visiting night clubs, casinos and bars for the duration of the MMI project. Only married, heterosexual couples may stay together when such accommodations are available. Volunteers are expected to observe local dress codes as outlined in MMI information packages for each area.

WAIVER OF RESPONSIBILITY

I (We), _____ along with the members of my (our) family* in consideration of the benefits derived if accepted for an MMI project, hereby voluntarily waive any claim for any reason against Medical Ministry International, Medical Ministry (USA) or Medical Ministry Canada Inc, the officers, leaders, staff members and sponsoring institution. I am fully aware and acknowledge the risk involved in the participation of the said activities.

IN WITNESS WHEREOF I have executed this Release at _____, this _____ day of _____
(place) (day) (month) (year)

SIGNED, SEALED AND DELIVERED in the presence of _____
Witness Applicant's signature

*Waiver must be signed by each applicant. Parent or guardian must sign for minors.

EMERGENCY CONTACT

Name _____ Phone _____ or _____ Fax _____

Address _____ Postal Code _____ Email _____ 1.1.2012