Dear Applicant,

Thank you for your interest in HELPING HANDS Medical Missions.

HELPING HANDS Medical Missions, Inc. (HHMM) is an international program designed to provide medical treatment to the poor. As such, it involves a serious commitment from its volunteers to work under difficult and challenging conditions. Therefore, before you commit to volunteering for this project, we ask that you consider the following questions:

☐ Am I ready to live in a place with only cold water in which to shower?
☐ Can I sleep on the floor, in a sleeping bag, or on a mattress?
☐ Am I ready for long days of hard work?
☐ Am I committed to serving others and following a program that is pre-arranged for me?
☐ Am I healthy enough to participate in a program that may be physically demanding?
☐ Am I ready to merge into other cultures by being flexible and patient in dealing with unexpected inconveniences?
☐ Am I willing to fundraise for my trip to help those less fortunate?
☐ Can I be responsible for my own costs (mission fees and airfare)?
☐ Can I be responsible for my own healthcare insurance?
☐ Can I be responsible to have the required shots and immunizations before I leave for the mission?

In addition, if you have answered yes to these questions and are certain you are prepared to make a serious personal commitment, please fill out the enclosed application, and read and sign the Volunteer Participant Agreement.

We look forward to hearing from you.

Sincerely,

[Signature]

Lupita Assad, RN
International Coordinator HHMM

HELPING HANDS Medical Missions, Inc.
P.O. Box 171088 Irving, TX 75017 | P 972.253.1800 | F 972.253.1900
E-mail: mission@hhmm.org | Website: www.hhmm.org | http://www.youtube.com/hhmmnpo
Mission site applying for: ____________________________

PERSONAL DATA

Last Name  Street Address
First Name  City  State
Date of Birth  Age  Male/Female  Zip Code  Country
Married name (if applicable)  Nickname  Home Phone  Cell phone
Marital Status (optional)  Work Phone  Fax #
Number of children (optional)  Email address
Driver's License #  Place of issue  Citizenship  Passport #
T-shirt Size  

PROFESSION/SPECIALTY

EDUCATION AND TRAINING

Fields of study and training  Institution and City  Dates (from–to)  Degree /Certification

PROFESSIONAL EXPERIENCE  (summary of Curriculum Vitae)  If Nurse,  

Employer  Field/Nature of work  Dates (from–to)

LANGUAGES
Mother language: _______________________________________________________________________
Please rank your ability in the following languages:

<table>
<thead>
<tr>
<th>Language</th>
<th>Fluent</th>
<th>Good</th>
<th>Basic</th>
<th>No</th>
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<tbody>
<tr>
<td>English</td>
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<td>Portuguese</td>
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<tr>
<td>Other</td>
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EXPERIENCE IN DEVELOPING COUNTRIES

<table>
<thead>
<tr>
<th>Work Experience/Country</th>
<th>Organization</th>
<th>Field/Nature of Work</th>
<th>Dates (from–to)</th>
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MOTIVATION

Where did you learn about HELPING HANDS Medical Missions? What do you know about its work?
________________________________________________________________________________________

Why do you want to volunteer for HELPING HANDS Medical Missions?
________________________________________________________________________________________

What is your attitude toward others? Are you patient and tolerant?
________________________________________________________________________________________

What do you expect from HELPING HANDS Medical Missions?
________________________________________________________________________________________

How do you handle stressful situations? Are you flexible and able to improvise in difficult situations?
________________________________________________________________________________________

Please indicate any special aspects about you that should be taken into account (i.e. special physical, psychological or emotional factors). If so, are you taking any medications for any of these conditions?
________________________________________________________________________________________

What kind of hobbies do you have?
________________________________________________________________________________________

Do you have any Tropical medicine training?  Yes/No

Where?

When?

E-mail: mission@hhmm.org  |  Website: www.hhmm.org  |  http://www.youtube.com/hhmmnpo
I understand that HELPING HANDS Medical Missions, Inc. does not carry insurance covering any injury that may occur to myself. I hereby represent that I am covered by insurance through my own carrier and agree to hold HELPING HANDS Medical Missions, Inc. completely harmless should any injury occur to myself from the moment I commence the missions until I arrive back in the United States.

Emergency: If I require any medical procedures or treatments during volunteer activities, I consent and authorize the mission supervisor(s) taking, arranging for or consenting to such procedures or treatments according to their professional discretion. For purposes of such procedures and treatments, my blood type is: _______ and I have the following allergies or other medical problems: ________________________________

Liability release: I release and waive, and further agree to indemnify, hold harmless of reimbursement HELPING HANDS Medical Missions, Inc. (HHMM), the individual members, agents, employees, directors, officers, volunteers and representatives thereof, as well as mission supervisor(s), from and against any claim (including attorneys’ fees incurred by HHMM in enforcing this indemnity provision) which I, any other parent or guardian, any sibling, myself, or any other person, firm or corporation may have or claim to have, known or unknown, directly or indirectly, for any losses, dangers, damages, injuries (physical or otherwise) or even death arising out of, during or in connection with my voluntary participation in the medical mission activities involving the rendering of emergency medical procedures or treatment, if any. In the event of an emergency, I authorize the mission supervisor(s) to attempt to contact the individuals listed above. HHMM is not responsible for any misconduct or inappropriate behavior of any participant. Indemnity provision shall survive completion of volunteer services and shall have no limitation in time or amount.

I have read, understand, and agree to the terms stated above regarding my personal safety and liability.

Participant’s Signature: ________________________________ Date: ________________________

HELPING HANDS Medical Missions, Inc.
P. O. Box 171088 Irving, TX 75017

* Please send this application form with a cover letter, current resume, references, copies of professional Diplomas, state medical license (if a medical professional) and a picture of yourself to:

HELPING HANDS Medical Missions, Inc.
P. O. Box 171088 Irving, TX 75017

Insurance carrier: ______________________ Policy Number: ______________________

Emergencies: If I require any medical procedures or treatments during volunteer activities, I consent and authorize the mission supervisor(s) taking, arranging for or consenting to such procedures or treatments according to their professional discretion. For purposes of such procedures and treatments, my blood type is: _______ and I have the following allergies or other medical problems: ________________________________

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I have read, understand, and agree to the terms stated above regarding my personal safety and liability.

Participant’s Signature: ________________________________ Date: ________________________
I, ___________________________ (the “Volunteer”), hereby agree to voluntarily participate
in the work of HELPING HANDS Medical Missions Inc., a Nonprofit Corporation pursuant to the terms and
conditions outlined in this Volunteer Participation Agreement (the “Agreement”). In exchange for my agreement to
volunteer my services and participate in the work of HELPING HANDS Medical Missions Inc. under the terms and
conditions outlined below, I hereby acknowledge receipt of valid consideration from HELPING HANDS Medical
Missions Inc. in the form of free access to its medical supplies and equipment, and other valuable consideration,
the sufficiency of which is also hereby acknowledged, and agree to the terms and conditions set forth below:

1. I understand that this is not an employment agreement. I will not receive any compensation for my
participation with the work of HELPING HANDS Medical Missions Inc.

2. I understand that as a Volunteer Participant, I am required to participate in all activities including the
spiritual program.

3. I understand that some missions undertaken by HELPING HANDS Medical Missions Inc. may be in
countries or locations that pose a risk to my life or health, yet willingly undertake to provide my volunteer
services despite such risks. I further understand it is my obligation to inform and educate myself of any
such risks or dangers involved (if any) in each mission I participate in and do not hold HELPING HANDS
Medical Missions, Inc. responsible for informing me of such circumstances before travel. Should I be
injured or perish during a mission, I understand that the Liability Release of my Application for Participation
would be in effect.

4. I agree to conduct myself in a professional and ethical manner and be positive in attitude at all times
regardless of my personal conditions and circumstances.

5. I agree to abide by the schedule of activities and dress code provided by HELPING HANDS
Medical Missions Inc.

6. I understand that I am participating in a Catholic medical mission, and agree to follow the teachings of
the Catholic Church. I will not prescribe abortifacient drugs, IUD's or any other forms of artificial
contraception to patients.

7. I further understand and agree that for the good of the mission work, the welfare of the patients and
the philosophy of the Catholicity of this group, I hereby commit myself to following the above listed
requirements for participation in the HELPING HANDS Medical Missions program.

8. I also understand the HELPING HANDS Medical Missions retains the right to terminate this volunteer
agreement at any time.

9. I understand that I am responsible for any personal expenses, including food, personal needs, and airfare
to and from the missions site.

This Agreement is signed, accepted and agreed to by all parties and through the parties or their agents or
authorized representatives. All parties hereby acknowledge that they have read and understood this
Agreement. All parties further acknowledge that they have executed this agreement voluntarily and of their
own free will. THE TERMS AND CONDITIONS OF THIS VOLUNTEER PARTICIPATION AGREEMENT SHALL
BE BINDING ON ALL PARTIES.

HELPING HANDS Medical Missions, Inc.  

Signature/Date

Title

VOLUNTEER/PARTICIPANT

Signature/Date

Title

HELPING HANDS Medical Missions

Volunteer Participant Agreement
In an effort to best meet the educational needs of our mission participants, we would appreciate your filling out the questions below. This will provide us with the information needed to place our participants into the appropriate discussions groups. Please send the questionnaire back as soon as possible before your scheduled mission date.

Participant’s Name: ____________________________________________________________

Check the appropriate response to the questions below. Comment as needed.

1. Are you Catholic?  ☐ Yes  ☐ No

   If yes, when was the last time you participated in adult educational lectures / classes regarding the Catholic faith? Please state the dates(s), institutional location and type of information you learned. If no, what is your religious preference?

2. Are you a convert to Catholicism?  ☐ Yes  ☐ No

   If yes, what is the date of your conversion? ___________________________________________

   When was the last time you participated in adult educational lectures/classes regarding the Catholic faith after RCIA? Please state the date(s), institutional location, and the type of information you learned.

3. Many Catholics have questions concerning the Church’s teachings. Are there issues that you don’t understand or have difficulty with?  ☐ Yes  ☐ No

   If yes, please list the topics that you would like explained. (i.e. contraception, euthanasia, homosexuality)

4. Have you had any instruction in the area of Bioethics?  ☐ Yes  ☐ No

   If yes, please list the type of instruction, date and location.

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
For consideration, mutually agreed upon, and received by me, I the undersigned hereby grant permission to take photographs or electronic images of me or my child and to put the finished photographs to any legitimate use the photographer may deem proper. Further, I relinquish and give the photographer all rights and interest in the finished prints, transparencies, negatives or electronic images. I further grant the photographer the right to sell, transfer, and exhibit (portfolio) the original prints and facsimiles thereof, to and for HELPING HANDS Medical Mission, Inc. and the Legionaries of Christ.

Participant’s Name: ________________________________________________________________________________

Signature: _________________________________________________________________________________________ Date: __________________

Name of Guardian (if participant is under 18 years of age): ____________________________________________________________________________________________

Signature of Guardian: ____________________________________________________________________________________________ Date: __________________

Address: ___________________________________________________________________________________________

City: __________________________________________________________________________________________ State: __________________

Zip Code: ______________________________________________________________________________________ Country: ______________________________________________________________________

Email: __________________________________________________________________________________________ Phone: ______________________________________________________________________

Name of mission site: ______________________________________________________________________________