



## HELPING HANDS Medical Missions Application

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,

A handwritten signature in dark ink that reads "Lupita Assad".

Lupita Assad, RN  
International Coordinator **HHMM**



## Application for Participation

*(Please print all information)*

**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 <i>(if applicable)</i>		Nickname	Home Phone	Cell phone
Marital Status <i>(optional)</i>			Work Phone	Fax #
Number of children <i>(optional)</i>			Email address	
Driver's License #		Place of issue	Citizenship	Passport #
T-shirt Size	<input type="checkbox"/> Small	<input type="checkbox"/> Medium	<input type="checkbox"/> Large	<input type="checkbox"/> X-Large
	<input type="checkbox"/> XX-Large			

### PROFESSION/SPECIALTY

_____			
_____			

### EDUCATION AND TRAINING

Fields of study and training	Institution and City	Dates <i>(from-to)</i>	Degree / Certification
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### PROFESSIONAL EXPERIENCE *(summary of Curriculum Vitae)* If Nurse, ☐ OR ☐ REC experience?

Employer	Field/Nature of work	Dates <i>(from-to)</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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## LANGUAGES

Mother language: \_\_\_\_\_ Please rank your ability in the following languages:

	Fluent	Good	Basic	No
English				
Spanish				
Portuguese				
Other _____				

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## EXPERIENCE IN DEVELOPING COUNTRIES

Work Experience/Country	Organization	Field/Nature of Work	Dates (from-to)
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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?

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\_\_\_\_\_

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?
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## ADDITIONAL INFORMATION

What is your religious preference? \_\_\_\_\_ Do you regularly attend Sunday Mass? \_\_\_\_\_

Are you affiliated to an organization or movement within the Roman Catholic Church? \_\_\_\_\_ If so, please identify: \_\_\_\_\_

Do you have knowledge of the teachings of the Catholic Church in the following areas? Rate the following as **Excellent**, **Good**, **Basic**:

\_\_\_\_\_ Basic Catechism \_\_\_\_\_ Apologetics \_\_\_\_\_ Knowledge of Old and New Testament \_\_\_\_\_ Church History

### References:

(must mail a minimum of 2 reference letters to HHMM)

Emergency Contact: \_\_\_\_\_ Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ ☐ Work or ☐ cell Phone #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ ☐ Work or ☐ cell Phone #: \_\_\_\_\_

**\* 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:** 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.

**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: \_\_\_\_\_

**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

## Volunteer Participant Agreement

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.**

**VOLUNTEER/PARTICIPANT**

\_\_\_\_\_  
Signature/Date

\_\_\_\_\_  
Signature/Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title



# HELPING HANDS Medical Missions

## *Educational Lecture Series Questionnaire*

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: \_\_\_\_\_

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### 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.

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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*)

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

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

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## HELPING HANDS Medical Missions

### *Mission Participant Photography Permission*

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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: \_\_\_\_\_

