

2010 Dental Mission Trip Application & Info Packet

February 28-March 7
San Jose, Costa Rica
Total cost: \$1500

What's in this packet:

- Application
- Medical Release form

What you need before we leave:

Passport (if you don't have one already) Visit the U.S. State Department website http://travel.state.gov/passport/get/processing/processing_1740.html for all the info.

*This process currently is taking **4-6 weeks** for regular service and **2-3 weeks** for expedited service.

- Immunizations (requirements will be emailed to team members)

Important Deadlines:

Due Monday, October 26, 2009

- \$200 non refundable deposit (write check to CMMA)
- Signed Application (please mail or hand deliver by the meeting October 26)
*MUST HAVE SIGNATURE ON FILE

Due Monday, January 11, 2010

*CANNOT drop out after this date

- \$500
- Legible copy of passport due (Just the pages with your name and photo)
- Medical Release Form (**notarized**)
- Parental Consent Form *if under the age of 18, (**notarized**)
*Form available on website.

Due Monday, February 22, 2010

- \$800 due (final amount)

Please mail all items to:

CMMA

Attn: Dental Mission Trip
400 Office Park Drive, Suite 210
Birmingham, AL 35223

Or

Hand this packet in at the Monday night dental meeting

Dental Mission Trip Application 2010



Contact Information (name as appears on passport)

Name: First, Middle, Last:			
Name you go by:		Gender: F M	
Spouse (if going):			
Street Address:			
City ST ZIP Code:			
Main Phone:			
Main E-Mail Address:			
U.S. Passport #:		Exp Date:	

School (please place an "X" next to the appropriate answer)

Graduation Date

<input type="checkbox"/> UAB	<input type="checkbox"/> 2012	<input type="checkbox"/> 2010
<input type="checkbox"/> Other (Please list):	<input type="checkbox"/> 2011	<input type="checkbox"/> Other

Home Church

Name:		Affiliation:	
Pastor:			
Church address:			
Church phone:			

Medical Conditions

Do you have a medical condition that you are currently being treated for? If so, explain:

Latex Allergy? Y N Glove Size: _____

Person to Notify in Case of Emergency

Name	
Street Address	
City, State Zip Code	
Home Phone	
Work Phone	
E-Mail Address	

Please answer the following questions to help us learn more about your attitudes and beliefs. (Please mark an "X" next to appropriate answers.)

What is your understanding of how a person becomes a Christian?

Would you describe yourself as someone who is investigating the claims of Christ? OR	<input type="checkbox"/> Y	<input type="checkbox"/> N
Would you describe yourself as somebody who already knows Christ?	<input type="checkbox"/> Y	<input type="checkbox"/> N
If so, are you growing in your relationship with Christ?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Are you involved in a CMMA Bible study?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Leader Name:		
If you are not involved in a CMMA Bible study, are you:		
<input type="checkbox"/> Currently involved in another study?	What type of study/who?	
<input type="checkbox"/> Willing to be involved in a Bible study in preparation for the trip?		
Are you willing to learn how to incorporate healthcare into a Christian life/world view?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Explain:		

What are some areas of your life/character that you would like to see developed on this trip?

Why do you want to participate in the dental mission trip this year?

Are you willing to build a support team (those who support you with the financial cost, prayer, and encouragement) for your trip?
<input type="checkbox"/> Y <input type="checkbox"/> N If no, please explain:
Have you discussed the mission trip with your parents or spouse? If so, what was their response?

CMMA Doctrinal Position

1. The Bible is the inspired, the only infallible, inerrant, authoritative Word of God. (II Timothy 3:15-17)
2. There is one God, eternally existent in three persons: Father, Son and Holy Spirit. (Matthew 28:19)
3. The following are essential: the deity of our Lord Jesus Christ, His virgin birth, His sinless life, His miracles, His vicarious and atoning death through His shed blood, His bodily resurrection, His ascension to the right hand of the Father, and His personal return in power and glory. (John 1:1-5; Philippians 2: 5-11)
4. Repentance of sin and faith in Jesus Christ alone results in salvation: Jesus Christ is the only way of salvation. (Titus 3:4-7; Ephesians 2:8-9, John 14:6, Acts 4:12)
5. The present ministry and indwelling of the Holy Spirit enables the Christian to live a godly life. (Galatians 5:16-18)
6. The Bible teaches the resurrection of both the saved and the lost: the saved unto the resurrection of eternal life and the lost unto the resurrection of damnation and eternal punishment. (Revelation 20:11-15)
7. The Bible teaches the Spiritual unity of believers in our Lord Jesus Christ and that all true believers are members of His body, the Church. (Ephesians 1:22-23)
8. The Church and each Christian are to be actively engaged in evangelism. (Romans 10:9-14; Acts 1:8)

What a person believes is the foundation for life and ministry.

If you have any objections to the above statements please list them on the back of this paper.

(Please note that not believing these statements will not prevent you from participation.)



The purpose of the mission trip is for participants to grow in a relationship with Christ and in doing so to be better equipped to meet the physical, emotional, and spiritual needs of their patients.

The commitment of the mission trip is to "serve and not to be served." CMMA has, therefore, established some guidelines to help everyone obtain this goal.

1. Due to the number of students, conditions of project, and foreign culture, our students, physicians and staff will need to set aside some of their personal preferences, habits, and schedule to fulfill the mission of the project.
2. CMMA is an inter-denominational ministry that uses Holy Scripture as its sole authority. We understand that there are variations in practice and understanding of Scripture in some areas of Christian living. In order to provide an environment that is conducive to meeting the above purpose, participants will agree to abide by the standards of CMMA in areas such as dress, entertainment, activities, etc. We expect participants to not engage in alcohol, drug, or tobacco use and to be a willing participant in all cultural, regional, church, & group activities with sensitivity to cultural and biblical standards.
3. In cooperation with the World Reach, participants will seek to provide excellent medical care and to represent Jesus Christ.
 - A. **I have read the application, accept its provisions, and agree to live, work and serve in accordance with them.**
 - B. **I, the undersigned, also realize that in accepting a term of volunteer service, it is with the clear understanding that CMMA/SCORE does not assume responsibility for loss of my property, damage to the same, personal harm or illness that may come to those who travel with me or myself.**
 - C. **I have an insurance plan sufficient for any medical or liability costs. Neither SCORE nor CMMA will be held responsible for situations of this nature.**
 - D. **I, for myself, my heirs, executors, administrators and assigns, in consideration of my admission to volunteer service and other good and valuable considerations, do hereby release and forever discharge CMMA/SCORE from liability for any claim or demand that I or my heirs, executors, administrators or assigns might otherwise assert upon the basis of any of the foregoing.**
 - E. **In volunteering, I recognize that I do not become an agent or employee of CMMA/SCORE in rendering my services, and I agree to hold CMMA/SCORE harmless from any claim that might arise out of any acts performed by me while serving as a CMMA/SCORE volunteer.**

Signed this _____ day of _____, 20__

Signature of Applicant for CMMA, Volunteer Service

Social Security Number

**ADULT
MEDICAL RELEASE AFFIDAVIT**

I _____ will travel with SCORE International to _____ on these specified dates _____ SCORE International has permission to make any decisions regarding medical emergencies on my behalf if I am unable to do so. I will not hold SCORE International responsible for sickness or accidents which may occur while on the trip. I realize that I am responsible for providing medical insurance.

Please answer the following questions:

1. Please indicate any pertinent information we should have concerning any medical problems you may have: _____

2. Are you allergic to any form of medication or food? NO ___ YES, what kind: _____

3. Please give us the following information concerning your insurance protection:

A. Insurance Company _____

B. Group Number: _____ Policy Number: _____

4. Do you have any history of:

Heart Problems NO _____ YES, describe: _____

Kidney Problems NO _____ YES, describe: _____

Lung Problems NO _____ YES, describe: _____

5. Please give names and telephone numbers of two people to contact in case of emergency:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Participant's Signature _____ **Date** _____

SIGNATURE MUST BE NOTARIZED

_____, Notary Public

My Commission Expires _____

SEAL

County _____ State _____