



Project Compassion  
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## Application for Mission Trip to Mexico February 1st – February 2nd, 2019

Full Name

Nickname for name badge

Home Address

City, State, Zip

Home Phone

Cell Phone

Work Phone

E-Mail

Date of Birth

Age

Gender

Passport Number

Date of Issue

Expiration Date

Home Airport

Place of Employment

Occupation

Do you speak other languages proficiently enough to serve as an interpreter?

If yes, please specify languages you speak

Church regularly attending, if any

Are you willing to give a 5 to 10 morning devotion?

If you are not a medical professional, are you interested in participating as a Helping Hand in any of the areas listed below:

Registration

Prayer

Translating

Health Education

Crowd Control

As Needed

**MEDICAL PERSONNEL**

Type of License

License Number

Years of Experience

Glove Size:

FOR ALL APPLICANTS PLEASE ANSWER THE FOLLOWING QUESTIONS

How did you hear about Project Compassion?

Please tell us about a previous mission and or cross-cultural experience you have had.

What are you hoping to get out of the mission trip?

Do you have specific skills you would like to use on the trip?

Do you have any physical limitations?

If yes, please explain

Do you have a history of medical problems requiring on going treatments?

If yes, please explain

Are you currently taking any medications?

If yes, please list

Do you have any allergies to food or medication?

If yes, please list

Please provide your Primary Care Physicians Name and Phone Number

**In case of an emergency notify,**

Name

Relationship

Phone

Policy #

Participants Insurance Company

**PLEASE READ THE STATEMENTS BELOW AND ATTEST TO YOUR UNDERSTANDING OF THE STATEMENT WITH YOUR SIGNATURE OR INITIALS**

I have read and agree with the Mission Statement, Vision Statement and Statement of Belief of Project Compassion (pages 5-7). Please initial \_\_\_\_\_ If you do not concur, please explain why.

I agree to conduct myself in compliance with Project Compassion principles and team policies at all time while among the team members, with the hosts and with those whom we serve. I understand that failure to do so may result in my return to the United States on the next available flight.

Signature

Date

Please initial in the blue boxes below.

**Cancellation**

If at any time I cancel my registration for a Mission Trip, all funds not already expended on my behalf may be used for another Mission Trip with Project Compassion within 12 months of cancellation. If I do not go on a Mission Trip within 12 months, the funds paid by me will be considered a general donation to Project Compassion. I understand that I will not receive a refund.

**Extra Expenses**

I understand that I am responsible for costs that are not covered by the cost of my trip.

I give my permission to Project Compassion to publish photos and testimonies that are appropriate and related to the Mission Trip.

Signature

Date

**LIABILITY RELEASE – RELEASE OF ALL CLAIMS**

**Consent to Electronic Signatures and Documents**

By completing this consent form you are providing electronic consent to the use of electronic documents and signatures.

Your electronic signature on any of the electronic documents, including this Application and All Consent Statements, will bind you to that document the same as if you had signed a paper copy of the document with an ink pen. You agree to not contest the validity or enforceability of any electronic document you receive or electronically sign because the document and your signature are in electronic form.

You understand that you should contact us to report any problem with your application.

You should retain a copy of all electronic documents we provide to you, including this Application and all Consent Statements, for your future reference. You can do this by printing the page on paper or saving it to your computer.

The parties agree that this application may be electronically signed. The parties agree that the electronic signatures and initials appearing on the application are the same as handwritten signatures for the purposes of validity, enforceability and admissibility.

By selecting the "I Accept" button, you are signing this Agreement electronically. You further agree that your signature on this document (hereafter referred to as your "E-Signature") is as valid as if you signed the document in writing.

I Accept                      Signature

Date                              Time

In consideration for being accepted by Project Compassion, Inc. for participation in an event, I do hereby release, forever discharge and agree to hold harmless Project Compassion and the Directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned and the participant that occur while said person is participating in the above described trip or activity including work activities and recreation.

Signed this    day of    , 20    .

The undersigned further consents to the administration of first aid and or doctors care, or any other form of medical treatment necessitated by illness or injury that may require the same. In the event of the necessity of such care or treatment as heretofore described, the undersigned agrees to hold harmless and indemnify said organization, its directors, employees and agents from any acts of malfeasance and or failure to act on the part of those chosen to administer care on behalf of the participant.

The undersigned furthermore attests and verifies that he or she is physically fit and has no medical condition(s) that would prevent him or her from performing the volunteer services for which he or she is applying.

Participant Name

Participant Signature

In order for your application to be complete, please provide the following information:

- |                               |  |
|-------------------------------|--|
| Application                   | A copy of your professional license if applicable          |
| A color copy of your passport | If under 18 years of age, a copy of your birth certificate |

**Please email the completed application and supporting documents to [info@projectcompassion.org](mailto:info@projectcompassion.org).**

Your application and supporting documents will be reviewed. Upon completion of the review, you will be notified if you have been accepted to participate with our Team for this Mission Trip.

Please feel free to email us at [info@ProjectCompassion.org](mailto:info@ProjectCompassion.org) or please call us at (858) 485-9694 with any questions you may have.

**Thank you for your interest in Project Compassion!**

## **Mission Statement**

Project Compassion is a Christ centered organization whose primary purpose is to share God's love by ministering to the physical and spiritual needs of people who have little access to medical care.

## **Vision Statement**

Project Compassion has an international interest with a primary focus on evangelism. This is accomplished by working alongside a local church or missionary who has invited Project Compassion to be a part of their outreach to the community.

Through professional medical personnel, operating in current standards of care, we provide exams, diagnosis and treatment of disease in an effort to "heal the sick that are there and tell them the Kingdom of God is near." (Luke 10:9, 10) This will be accomplished through short-term medical mission team trips. It will allow team members to use their talents and abilities in a foreign mission endeavor, exposing them to the opportunities in missions. The experience provides a potentially life changing encounter that may deepen the mission awareness and encourage further participation.

For national medical professionals it will provide a source of encouragement to participate in ministry combining medicine and evangelism. Wherever possible, every effort to provide an opportunity to share information and skills in medicine within the team structure will be provided.

## **Statement of Belief**

Project Compassion is an interfaith medical missions organization dedicated to advancing the gospel of Jesus Christ. We hold to the central teachings of scripture, that the Bible is the inspired word of God. We believe in the Triune God, Father, Son and Holy Spirit. We believe that Jesus is the Son of God and came to earth as God incarnate. He suffered and died on the cross, and after three days, he rose from the dead. He ascended into heaven and is seated at the right hand of the Father. We believe that Jesus will come again to judge the living and the dead, and that the Holy Spirit was given at Pentecost and lives in our hearts today when we accept Him as our Lord and Savior.

Although Project Compassion is nondenominational, we are united in our core beliefs. Our main focus is to advance the Gospel by assisting local churches and missionaries in their work and to help those in need. By focusing on our commonality and lovingly tolerating our differences, we show the love of Jesus Christ as we provide an opportunity for physical, emotional, and spiritual healing. Since the teams are made up of individuals from many denominational backgrounds, it is not the intent of Project Compassion to promote or discourage personal doctrinal beliefs. We ask everyone to be considerate and understanding of others' personal beliefs and practices, particularly in different cultures and countries.

## **How You Can Make A Difference**

The environment varies with each area visited. We have conducted clinics in schools, churches, and open fields. On occasion we have set up in mud walled thatched roof huts. Team accommodations can vary from five-star hotels, to sleeping in hammocks as guests of isolated and remote indigenous people. Our meals range from great restaurants to cooking over a fire in the jungle, as dictated by the accommodations. A typical Project Compassion clinic can be set up in thirty minutes even in the most remote locations. We provide the equipment needed to obtain vital statistics on each visitor, and supplies necessary for the physicians to evaluate and diagnose, including some laboratory testing. Each team is provided a complete formulary of medicine to dispense appropriate treatment to our visitors. Clinic logistics provide for individual evaluation with the physicians, and one-on-one sharing in the Prayer and Counseling area. Project Compassion has proven to be an effective and positive influence on many of those in the areas we visit. We are considered a valuable resource to our hosts that work in these developing nations.

Our services are open to all without prejudice and all services and medications are provided at no charge without exception. The talents required from volunteers are quite diverse, however the most common and valued element is the possession of a compassionate heart.

As a visitor is seen at our clinic, they progress through various areas for evaluation and care. They are greeted with love at **Registration**, and then go to **Vital Signs**, which is responsible for obtaining their height, weight, temperature and blood pressure and completing an initial assessment. While the visitors are waiting to see the examiners, we take advantage of the gathered queue and conduct **Education** in the area of nutritional and general health concerns. The next step is to go to the **Examination** areas. Here the medical needs are prioritized followed by examination, diagnoses and treatment. Each visitor is then offered the opportunity for individual sharing in the **Prayer and Counseling** area. The last stop is at the **Pharmacy**, where each prescription is filled and explained using interpreters when necessary. A typical clinic day will have two to three hundred people registered. Volunteers are needed for **Special Services** to maintain a smooth flow in the clinic, help where needed, and to share a warm smile throughout the process.

We invite you to share your skills as you join our team and we will offer you an opportunity of personal, spiritual and professional growth. Many past participants have shared how much the experience has touched their lives. By working together to meet the physical and spiritual needs of others, we're sure every outreach will be life changing.

### **Important Information**

#### **Travel Insurance**

Most US medical insurance plans do not cover the traveler out of the US. Project Compassion will provide insurance for each team member. The US government will not, except in rare cases, evacuate a person from a foreign country for a medical reason.

#### **Application Fee**

If this is your first time joining Project Compassion on an outreach, a **\$50** non-refundable application fee is required to cover the cost of processing your application.

#### **Required Contributions**

Each participant agrees to raise a minimum amount of funds to help provide medical and spiritual care to those in need around the world. Your contributions enable Project Compassion to grow the ministry and continue to provide quality medical care free of charge and without discrimination to the poor and needy of the world. Most participants easily reach their goals through personal donations and fundraising solicitations. Fundraising goals vary based upon clinic locations, outreach logistics and the anticipated number of patients to be treated. **Funds raised in excess of the minimum required contributions for each outreach will be treated as a general donation to Project Compassion.** Please note, contributions in excess of the required minimum cannot be refunded to you or used to cover your personal expenses on the outreach as they were a tax-deductible gift to Project Compassion.

Start planning early to allow sufficient time for fundraising prior to the deadlines. We recognize that fundraising is not always predictable, but in order for Project Compassion to be good stewards of its financial commitments, we must have the necessary contributions by the payment schedule sent to you. To ensure you and your sponsors receive proper credit for all contributions, please ensure that all checks are made payable to "Project Compassion" and there is a note with your name on it. If cash is collected, include a list displaying sponsor names, addresses and contribution amounts. Only contributions to "Project Compassion" are deductible as charitable contributions under IRC section 170.

## **Cancellation Policy**

If an outreach is **cancelled by Project Compassion** due to extenuating circumstances, you will have the option of directing your contributions toward another outreach in the subsequent 12 months or requesting a return of contributions to you and your sponsors.

If at any time you cancel your registration on an outreach, all funds not already expended on your behalf may be used for another outreach with Project Compassion within 12 months of the cancellation. No monies will be returned directly to you.

## **What Project Compassion Will Provide**

- All destination country **transportation**
- All sleeping **accommodations**
- Meals eaten together as a team
- Travel medical **insurance** for outreach dates
- All **medical treatment supplies** and **pharmaceuticals** for use at clinics
- Sightseeing, shopping or other activities to enrich your world view

## **What We Expect From You**

- **All necessary vaccinations**  
Please check [www.cdc.gov](http://www.cdc.gov) for recommended and or required vaccinations and medicine needed for each specific mission trip.
- **Eight hour work day**  
Our goal is to serve from 8:30am-5:00pm, some days will be longer, some shorter.
- **Ability to walk distances**  
On occasion we may be required to walk from hotels to our clinic site on unpaved roads in distances of ½ mile up to several miles.
- **Must be a team-player**  
Our teams are built from individuals from all over the country. We may not have worked together before. We request that team members participate in meetings and meals in an effort to build unity.
- **Luggage**  
Please pack as little as possible in a suitcase as small as possible. We need to bring all supplies and medications with us. You will be expected to carry your own luggage plus one large suitcase of Project Compassion's supplies.
- **Adaptable to changes**  
Many teams leave the city environment and travel to villages causing accommodations to go from 5-star hotels to no-star hotels. It is possible that we may not always have hot water to bathe in - please be flexible.
- **Ability to adjust to time changes**  
Jet lag can become a challenge when traveling great distances. Please prepare ahead of time by getting adequate rest and nutrition.
- **Information about food and diet restrictions**  
If you are on a special diet or have difficulty eating different kinds of foods please advise us. Please come with an adventurous spirit to try different kinds of foods and have fun with the team!