



Maisha Application Form, Health and Waiver

Last Name: _____ First Name: _____ Middle _____

Street: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

Passport # _____ Expiration Date _____

US/Other _____ Birth Date _____

- Age Group: Under 18
 18-24
 25-34
 35-49
 Over 50



Occupation: _____

International Travel Experience: _____

Why are you interested in volunteering with Maisha International Orphanage?

How did you learn about Maisha volunteer opportunities? _____

What is your current knowledge of the purpose of Maisha? _____

What additional information would you like to learn about Maisha? _____

Have you had a *recent* illness (in last year)? Yes/No. When? _____

Explain: _____

Do you have any allergies to food, drugs, insect bites or stings? Yes/ No If yes, what?

Do you have and chronic medical conditions? Yes/No Explain:

Do you take any medications? Yes/No Please list ALL:

Immunizations and Dates:

Tetanus/Diphtheria Booster _____ Hepatitis A _____ Hepatitis B _____

Typhoid _____

Do you have any physical limitations or disabilities that would affect you in conditions such as extreme heat or cold, high elevation, limited food choices, etc.? Yes/No

Explain: _____

Have you ever been treated or hospitalized for a mental or emotional condition? Yes/No

Explain: _____

In case of emergency, notify:

Name _____ Day phone _____ Evening Phone

_____ Relationship: _____ Address:

Insurance Company: _____ Policy & Group

Phone (____) _____

Name and Telephone Number of your Physician:

Mission Project Country and Date:

T-shirt size (Unisex) S - M - L - XL - 2XL - 3XL (circle one)

Is your deposit (\$100 Mexico, \$250 overseas) submitted?

RELEASE OF LIABILITY

I, _____ volunteer to participate in the mission with Maisha International Orphanage, a project of Congressional District Programs. I understand that Maisha International Orphanage and its volunteers assume no liability for and personal harm or illness or for loss or damage of any property that may come to me while serving as a mission volunteer, and I, my heirs, and my personal representatives and assigns, hereby absolve Maisha International Orphanage and their staff and volunteers and hold them harmless from any claim or demand that I, my heirs, my personal representatives or assigns might conceivably assert for any such harm, illness, loss or damage. I intend to be legally bound by this statement.

I do / do not (circle one) approve to let my contact information be shared with other missionaries Participating on this trip.

Volunteer Name: _____

Volunteer Signature: _____

Date: _____

By which method do you prefer to be contacted? _____