



**Maisha International Orphanage**  
*"Sharing Love and Compassion"*

**Team Maisha Application**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Nickname: \_\_\_\_\_ Name as it appears on passport: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

By which method do you prefer to be contacted?  
\_\_\_\_\_

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



Mission project for which you are making application: Country \_\_\_\_\_ Date \_\_\_\_\_

Occupation: \_\_\_\_\_

International Travel Experience: \_\_\_\_\_

Why are you interested in volunteering with Maisha International Orphanage? \_\_\_\_\_

\_\_\_\_\_

How/from whom 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? \_\_\_\_\_

\_\_\_\_\_

T-shirt size (Unisex) S - M - L - XL - 2XL - 3XL (circle one)    Is your deposit of \$250 submitted? Yes / No



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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 any 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: \_\_\_\_\_

**RELEASE OF LIABILITY**

I, \_\_\_\_\_ volunteer to participate in the mission with Maisha International Orphanage, a project of United Charitable Programs. I understand that Maisha International Orphanage and its volunteers assume no liability for any 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 understand Maisha may use any images or videos I take while on the mission. 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: \_\_\_\_\_

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