



11762 South State Street, Suite 220
Draper, UT 84020
801-571-2020

APPLICATION FOR MEDICAL MISSION

All information is confidential and used only as necessary.

PLEASE PRINT CLEARLY – BE SURE TO SIGN THIS APPLICATION

PERSONAL INFORMATION

Name (exactly as it appears on your passport): _____ Date: _____

Birth Date: _____ Passport #: _____ Passport Expiration Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: (____) _____ Work Phone: (____) _____

Email Address: _____

Emergency Contact: _____ Relationship: _____ Phone #: (____) _____

HEALTH INFORMATION

Existing Medical Conditions: _____

Medications Currently Taking: _____

Known Allergies / Including Food Allergies: _____

Physical Restrictions: _____

Are there any health-related issues that may limit your availability to volunteer: YES NO

SKILLS & INTERESTS

Professional Position:

- Surgeon Anesthesiologist Physician CRNA RN Pharmacist
 Tech Administrative Dentist ENT Other: _____

Have you ever been on a mission trip before? YES NO

If yes, which organization? (Please note location, type, and dates): _____

Do you speak any languages other than English? If so, please list: _____

How did you learn about Hirsche Smiles? _____

Other skills and talents that would benefit our mission: _____

EDUCATION

Highest Degree Attained: _____ What year earned : _____

If currently enrolled in school, name of school: _____

Academic Year: Freshman Sophomore Junior Senior Graduate School Other

MILITARY

Were you in the Armed Forces? YES NO If so, what Branch: _____

From _____ To _____ Rank at discharge: _____

Did you receive any specialized training? YES NO If yes, describe _____

REFERENCES

Are you currently employed? YES NO If yes, may we contact your current employer? YES NO

Current employer: Name of contact: _____ Phone: (____) _____

List three professional references (no relatives) we may contact.

Name: _____ Phone: (____) _____

Name: _____ Phone: (____) _____

Name: _____ Phone: (____) _____

PHOTO AND VIDEO RELEASE FORM

I hereby grant to The Hirsche Smiles Foundation and its legal representatives and assigns, the irrevocable and unrestricted right to use and publish photographs and video of me, or in which I may be included, for cause awareness, marketing, advertising, editorial trade, and any other purpose, and in any manner and medium; and to alter the same without restriction. I hereby release The Hirsche Smiles Foundation, the photographer and the videographer and their legal representatives and assigns from all claims and liability relating to said photographs.

Signature of Participant Date

Print Name

PARTICIPATION AGREEMENT

I acknowledge that by signing this document, I certify that all information stated in this application is true and complete. I understand that any false information or omission may disqualify me from further consideration as a volunteer and may result in my immediate dismissal if discovered at a later date. I authorize and release personal references, and if necessary, other applicable entities to answer questions in regards to my volunteer work, employment, ability, character, medical, and emotional background.

I also acknowledge that I am assuming risks, and agreeing to indemnify, not to sue and release from liability The Hirsche Smiles Foundation, and its respective officers, agents, employees, directors, volunteers, and/or representatives (collectively "Releasees"), and that I am giving up substantial legal rights. This Release is a contracts with legal and binding consequences. I have read it carefully before signing, and I understand what it means and what I am agreeing to by signing.

In consideration of the acceptance of my application for volunteer services, I hereby freely agree to and make the following representations and agreements. I acknowledge that my volunteer services for The Hirsche Smiles Foundation may involve inherent dangers and I fully realize the dangers of volunteering my services, and fully assume the risks associated with such provision of such volunteer services.

For myself, my heirs, executors, administrators, legal representatives, assignees, and successors in interest I hereby waive, release, discharge, hold harmless, and promise to indemnify and not sue the Releasees from any and all rights and claims including claims arising from the Releasees' own negligence which I have or which may hereafter accrue to me and from any and all damages which may be sustained by me directly or indirectly in connection with, or arising out of , my provision of volunteer services, including travel to or return from such provision of volunteer services.

I hereby authorize The Hirsche Smiles Foundation, or its representatives, to initiate any medically necessary care on my behalf in the event of my incapability to present myself for such care and agree to be financially responsible to any care provided and authorize the release of any necessary medical or insurance related information pertinent to the circumstances.

In addition, The Hirsche Smiles Foundation leadership reserves the right to send home any team member that is disruptive to the team and/or our work, who behaves inappropriately, or who does not conduct themselves according to the team policies. If I am asked to return home early by a member of the leadership team, I will comply and do so at my own expense.

Signature of Participant

Date

Print Name

Please complete, sign and return this form, along with a copy of your passport to:

Mail To:

The Hirsche Smiles Foundation
11762 South State Street, Suite 220
Draper, UT 84020

Email to:

hirschesmiles@gmail.com