

### 2024 Mission Trip Calendar

Type a "1" on your top choice and "2" on your second choice, then continue to complete the rest of the form.

	DATE*	COUNTRY	CITY	PARTNER	FOCUS	TRIP COST
1	February 27 - March 5	DOMINICAN REPUBLIC		Centro Medico Vista del Jardin	Primary Care	\$ 1,500
2	April 14 - 21	DOMINICAN REPUBLIC	Santo Domingo	Centro Medico Vista del Jardin & <b>MARANATHA</b>	Primary Care & School Construction	\$ 1,500
3	April 23 - 30	HONDURAS	Valle de Angeles	Valle de Angeles Adventist Hospital	Primary Care	\$ 1,200
4	May 3-11	ECUADOR	Quito	Clinica Adventista of Quito	Primary Care	\$ 2,000
5	May 18-25	PERU (Lima)	Lima	Servicio Social - Clinica Good Hope	Pediatric care - Pediatrician Residency Program	\$ 1,200
6	May 16-26	PHILIPPINES	Sison, Pangasinan	Manila Northern Luzon Adv Hospital	Primary Care	\$ 2,750
7	August 27 - September 3	DOMINICAN REPUBLIC	Santo Domingo	Centro Medico Vista del Jardin	Primary Care	\$ 1,500
8	August 31 - September 7	PERU (Lima)	Lima	Servicio Social - Clinica Good Hope	Pediatric care - Pediatrician Residency Program	\$ 1,200
9	October 10 - 21	ETHIOPIA	Addis Ababa	Kalala Learning Village	Primary Care	\$ 2,750
10	October 15 - 22	HONDURAS	Valle de Angeles	Valle de Angeles Adventist Hospital	Primary Care	\$ 1,200
11	October 18 - 26	PARAGUAY	Hohenau	Sanatorio Adventista de Hohenau	Mission Trip - Primary Care	\$ 2,500
12	November 2024	MEXICO	Villahermosa	Hospital del Sureste	Mission Trip - Primary Care	\$ 1,500
	<i>*Dates subject to change</i>					



# GLOBAL MISSIONS MISSIONTRIP REGISTRATIONFORM2024

Name (Last, First Middle - as shown on passport)

Go-by Name

Today's Date

E-mail

Phone No.

Date of Birth

Address

Gender

T-Shirt Size

City

State

Zip Code

Passport Number

Country

Passport Date of Issue

Passport Date of Expiration

Green Card Number

Green Card Expire Date

List your Work Skills/Profession

License Type (if applicable)

License Number

Are you an AdventHealth  
employee?

Y

N

If yes, Organization or Campus Name

Department?

Do you speak any other language besides English? If yes, please list language(s):

List fluency level (1 low - 5 high)

Name of Emergency Contact

Phone number of emergency contact

Medical Insurance Policy Name

Policy Number

Do you have any medical issues? If yes, please list and explain below.

A COVID vaccination is strongly recommended for AdventHealth Global Missions volunteers. Are you fully vaccinated or will be by the time of the trip?

If no, have you ever contracted COVID-19?

Yes

No

Do you have any allergies? If yes, please list and explain below.

Diet (non-veg, vegetarian, vegan, gluten-free, etc.)

How did you hear about AdventHealth Global Missions?

**Please check any of these that may apply to your registration form:**

I am planning on booking my own flight.

I am planning on either arriving early/staying after mission trip dates

I am planning to opt-out of the planned excursions

Other (religious, physical mobility, etc.). Please describe

# Waiver and Assumption of Risk Form

## Policies for International Service

I, *(type name)*

An ADVENTHEALTH entity or affiliated entity student, resident, employee, volunteer or non- ADVENTHEALTH volunteer, understand and agree to adhere to the following rules:

1. My scope of work while working internationally cannot exceed what I am licensed and/or authorized to do in the United States of America.
2. If I am a student or resident, I must be properly supervised by a licensed professional and I agree to be certain supervisors are available prior to performing any procedures.

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## Waiver of Responsibility and Assumption of Risk

I, *(type name)*

hereby acknowledge the inherent risk of international travel and the fact that injury, death, disease, might occur during or as a result of my voluntary service on a trip sponsored by ADVENTHEALTH or any affiliated entity, and fully understand that the risks associated with such service may include, but are not limited to, injury or death by accident, disease, terrorist acts, adverse weather conditions and inadequate medical care, and/or damage to, or loss of, personal property. I, in consideration of the benefits derived from being accepted for service, hereby volunteer my services despite such hazards. I willingly assume these risks and I hereby waive any and all claims against the participating local and international organizations as well as the sponsoring institutions, their officers and employees, and the leaders of ADVENTHEALTH, for any and all causes in connection with the activities of the above organizations and individuals on the trip for which this application is being completed.

I understand and agree that any travel not directly related to such approved trip shall be considered personal in nature. ADVENTHEALTH shall not be responsible for any transportation, lodging, meal, or other miscellaneous expense related to personal travel combined with a ADVENTHEALTH sponsored trip. I agree to release and hold ADVENTHEALTH harmless from any and all liabilities, claims, demands, actions, causes of action, costs and expenses of any nature whatsoever arising out of personal travel or activities.

I further understand that ADVENTHEALTH or an affiliated entity may make transportation, room, board, and other such arrangements necessary for my participation in an approved trip. In the absence their own negligence, ADVENTHEALTH or any affiliated entity will not be held responsible for any cancellations, delays, diversions, and any act or omission whatsoever (including the results thereof) by air carriers, hotels, transportation companies or any persons or entities providing any services or accommodations on the trip. ADVENTHEALTH will not be liable for any loss or damage to baggage or property, or for any injury, illness, or death, or for any damages or claims whatsoever arising out of my participation in the trip, unless caused by intentional or negligent acts or omissions by ADVENTHEALTH or an affiliated entity.

I agree to reimburse ADVENTHEALTH or an affiliated entity should they be held responsible for travel, room, board, and/or other such expenses I incur while participating in an approved trip in excess of the amount I have prepaid for such expenses. I will make arrangements for such reimbursement within (2) weeks of the termination of my participation in the approved trip.

I hereby agree to indemnify and hold harmless ADVENTHEALTH or any affiliated entity for any and all liability, loss, or other damage claims or obligations caused by or arising out of my participation, including but not limited to, any negligent acts or omissions while participating in the trip.

## Immunizations

It is the responsibility of all ADVENTHEALTH entity or affiliated entity students, residents, employees, volunteers or non-ADVENTHEALTH volunteers to obtain the appropriate immunizations before travel. The Centers for Disease Control (CDC) website – <http://wwwnc.cdc.gov/travel> provides the most up-to-date information regarding travelers' health and information regarding recommended/required immunizations for travel to all countries. Travelers are urged to visit their primary care physician or a health care provider who specializes in travel medicine to receive consultation on immunization and medication recommendations for their host countries.

**Depending on the destination country, additional testing, specific forms of masking, and other requirements may apply.**

**Note:** Many countries in Central/South America and Africa require that one presents proof of yellow fever vaccination upon entry into the country. Please carefully read the CDC's traveler's health information for the destination country to determine whether this vaccination is required.

I understand and agree that it is my responsibility to ensure that I am properly vaccinated before travel on a ADVENTHEALTH -sponsored trip.

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## Expectations for Exemplary Conduct

Congruent with the regulations and standards outlined in the ADVENTHEALTH Employee Handbook and ADU Student Handbook, all participants on ADVENTHEALTH sponsored trips are required to adhere to the following standards of conduct:

1. The consumption of alcohol, use of tobacco or illegal drugs is prohibited.
2. Sexual misconduct or harassment will not be tolerated. Sexual harassment is defined as unwelcome sexual advances, requests for sexual favors or other verbal or physical conduct of a sexual nature. If you are witness to or a victim of sexual harassment, please report the incident to your trip leader or GLOBAL MISSIONS contact immediately.
3. Engaging in any political or unlawful activity under the laws of the host country is prohibited.
4. ADVENTHEALTH is owned and operated by the Seventh-day Adventist Church, which holds as a fundamental belief the observance of the Sabbath from sundown Friday to sundown Saturday as a special day for worship and rest from routine work. Trip participants are expected to respect these practices while on the trip.

I understand and agree that if I do not abide by said standards, or if my behavior and/or conduct is unreasonable, uncooperative, or disruptive in any way, that I may be required by ADVENTHEALTH and/or by host site authorities to leave the project site and return to the United States early at my own expense.

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## Photo Release

I understand that ADVENTHEALTH may publish photos and testimonies of participants on this mission, including myself.

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## Applicant Acknowledgement

Signature

Date

If volunteer is a minor, please have the parents of the volunteer sign this form.

Parent's name

Parent's signature

Date

## Registration Process

You must also submit the following to complete your registration:

1. Color copy of your Passport
2. If you are a clinician or medical professional, please provide a copy of your license and diploma.
3. \$200 non-refundable deposit is due at time of acceptance email. The payment is made payable to: AdventHealth Foundation Central Florida (Submit your payment to the Global Mission's office for proper credit to your account)

Payments can be made over-the-phone or in-person at the Global Mission's office:

**870 Sunshine Lane  
Altamonte Springs, FL 32714  
(407) 303-2632**

Once you have completed the registration and waiver form, please e-mail all documents to:

[genesis.hull@adventhealth.com](mailto:genesis.hull@adventhealth.com)  
[andrea.ward@adventhealth.com](mailto:andrea.ward@adventhealth.com)