



Catarman 2020 Medical Mission Volunteer Application

Mission Week: February 3-7, 2020

All fields below must be completed. Missing information may result in denial of your application. Please write clearly. Submission of application does not guarantee a volunteer spot at the medical mission. If accepted, a \$500 (individual) / \$750 (couple) / \$1000 (family) volunteer donation must be submitted.

APPLICATIONS ARE DUE ON JULY 15, 2019.

Name:	Phone Number:
Profession/Title/Specialization and Company (if applicable):	Email:

I am greater than or equal to 18 years of age. (If less than 18 years of age, parent/guardian must also apply to volunteer at the medical mission.)

I am willing to participate in the Advance Team.

I am willing to participate in the Closing Team.

1) How did you hear about FPMM?

2) Why are you interested in volunteering for the upcoming FPMM medical mission?

3) Have you participated in a medical mission before? If so, please list organization(s) and location(s), including FPMM medical missions.

4) Are you applying to volunteer with friends/family members? If so, please list their names below. (Each applicant must submit their own application form. If submitting volunteer donation as a couple or family, please indicate below.)

If accepted, I agree to submit the volunteer donation of \$500 (individual) or \$750 (couple) or \$1000 (family) for each medical mission. (If submitting as a couple or family, list name/s of other volunteer/s above and indicate couple or family donation.)

If accepted, I understand I am financially responsible for my international and domestic transportation (e.g., airline tickets) to and from the medical mission location (unless otherwise indicated by FPMM).

Applicants will be chosen based on need and capacity for each medical mission. Submission of an application does not guarantee the applicant a volunteer spot for the medical mission. This application is only valid for the medical mission stated above; the applicant must reapply for each medical mission.

If I am not accepted for this medical mission, I am interested in applying for the next medical mission.

Application decisions will be sent via e-mail in or before August 2019.

Please submit this form to Foundation for Philippine Medical Missions

Email: fdnphilippinemedicalmissions@gmail.com

Mail: 118 Indian Hills Lane, Circle Pines MN 55014

Visit www.philippinemedicalmissions.org and @FPMMorg on Facebook, Instagram, or Twitter

FPMM is an all-volunteer 501(c)3 nonprofit organization and all donations are tax-deductible as allowed by law. By completing this application form, the applicant is agreeing to be added to the FPMM distribution list for newsletters, updates, event information, promotions, etc.

INTERNAL USE ONLY

Confirmed

Waitlist

Donation: Yes