



Little Dresses for Africa  
24614 Curtis Drive  
Brownstown, MI 48134  
734-637-9064  
[www.littledressesforafrica.org](http://www.littledressesforafrica.org)  
Contact: Rachel O'Neill

**OFFICE USE ONLY:**  
Date App Rec'd: \_\_\_\_\_  
Deposit rec'd \_\_\_\_\_  
Accepted Date: \_\_\_\_\_  
Trip Date \_\_\_\_\_

*Checks may be made out to Little Dresses for Africa*

*Confidential Information*

## Short Term Volunteer Application

### Personal Data (Please type or print clearly)

Last Name \_\_\_\_\_ First Name: \_\_\_\_\_  
Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_  
Passport #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Sex: \_\_\_\_\_ Marital Status \_\_\_\_\_

### Congregation Involvement or Personal Reference:

Home Church/Preacher or Personal reference/phone or  
contact: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

What talents, or spiritual gifts, or interests do you feel you will bring to the trip? Please list any other mission trips you have been part of, other cross-cultural experiences, etc:

Describe how OTHERS view your personality, and describe your strengths:

Please make a general statement concerning your general health:

**WAIVER AND RELEASE**

A. As a condition of being permitted to travel with Little Dresses for Africa (the "Company") on, and participate in, a missions trip to Malawi, East Africa (the "Country"), during the week of \_\_\_\_\_ the undersigned do hereby:

- 1. Agrees to assume all normal and foreseeable risks associated with travel to, from and within the Country (including but not limited to natural disasters, terrorism, political unrest, and contraction of illness) and releases Company and its affiliates from any responsibility for such risks;
- 2. Acknowledges that the carriers, hotels and other suppliers (the "suppliers") providing services in connection with the missions trip are independent contractors and are not agents, employees or representatives of, or joint venturers with, the Company or its affiliates and releases Company and its affiliates from any responsibility for the actions or omissions of such suppliers;
- 3. Agrees that the Company shall have no liability for any personal injury, property damage or other loss, accident, delay, inconvenience, or irregularity which may be caused by (a) any wrongful, negligent or unauthorized acts or omissions on the part of any of the suppliers or their agents, (b) any defect in or failure of any vehicle, equipment or instrument owned, operated or otherwise used by any supplier, or (c) any wrongful or negligent acts or omissions on the part of any other party not under the control of the Company;
- 4. Releases the Company, its officers, directors, employees, agents and representatives from any claims whatsoever relating to the missions trip to the Country;
- 5. Agrees not to sue or otherwise hold the Company responsible for any injury, damage, or loss resulting to the undersigned or the undersigned's property in connection with the undersigned's participation in the missions trip to the Country;
- 6. Accepts full responsibility for luggage and other belongings brought on the missions trip by the undersigned;
- 7. Agrees to submit any dispute, claim or cause of action arising out of the undersigned's participation in the missions trip to the Country solely to a Christian arbitration panel, agreeing that lawsuits among and between Christians is prohibited by Scripture; and
- 8. Agrees to be responsible for any injuries, damages or losses caused by the undersigned while the undersigned is traveling with representatives of the Company or while the undersigned is in the Country.

B. The undersigned acknowledges that the Company has recommended that the undersigned obtain a physical examination and proper inoculations prior to going on the mission trip.

C. The undersigned acknowledges that he/she has been informed that United States citizens traveling outside of the United States are required to carry documentation of United States citizenship, which may include a valid passport or notarized copy of the citizen's birth certificate with a raised seal, and a valid picture I.D. (such as a driver's license).

Dated: Print Name: \_\_\_\_\_

**PLEASE READ, SIGN AND SUBMIT THIS FORM ALONG WITH YOUR APPLICATION:**

\_\_\_\_\_  
Date: \_\_\_\_\_

# CONFIDENTIAL MEDICAL SECTION

## Confidential Information for use in Medical Emergencies

Full Name: \_\_\_\_\_

Blood Type: Name of your Physician: \_\_\_\_\_

Address: City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office: \_\_\_\_\_ Phone Home: \_\_\_\_\_

Please list all the drugs/medications you are presently taking indicating generic name, strengths, and dosage as well as over the counter medication.

\_\_\_\_\_

List serious medical problems for which you have received medical care in the past 24 months:

\_\_\_\_\_

List any history of major illness or surgery: \_\_\_\_\_

\_\_\_\_\_

Date of most recent tetanus immunization: current \_\_\_\_\_

List any known allergies (including food allergies) or chronic life-threatening conditions: \_\_\_\_\_

\_\_\_\_\_

Please list any medical conditions helpful for a physician to know should you require emergency medical attention during the trip: \_\_\_\_\_

\_\_\_\_\_

Describe your present physical fitness (e.g., walking, manual labor, heavy lifting, carrying luggage)

### Emergency Authorization

I give any licensed, practicing physician or hospital full authority to provide emergency medical treatment for me in the event such treatment is needed or necessary and I am not able to make such a decision. I also hereby give my permission for a licensed practicing physician to administer whatever medical treatment he/she may deem necessary for me in the event of any medical emergency affecting me.

### In Case of Emergency Contact:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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

Relationship to Applicant: \_\_\_\_\_

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

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Permission to phone signature in case of emergency