

Organization Name/Logo Goes Here

Applicant Information			
Name as it appears on your passport: (Last, First, M.I.)		Degree: Area of Expertise:	
Occupation:		Social Security Number:	
Home Address:	City:	State:	Zip:
Office Address:	City:	State:	Zip:
How were you referred to Children of the Americas, Inc.?			
Office Phone:	Cell Phone:	Home Phone:	
Prefer to be contacted at <input type="checkbox"/> Office <input type="checkbox"/> Home		E-mail address:	
Besides English, other language(s) spoken & how fluent:			
Emergency Contact: Name: Address:			
Phone & / or Cell:	E-mail:	Relationship:	
Passport Information			
Passport Number:	Expires:	Date of Birth:	
Mission Experience			
Prior medical missions participated in, if any:			
What role(s) anticipated in other mission trips:			
Special skills & Interests:			
References			
Reference(s) :			
Travel Information			
Airport departure city:	Primary:	Secondary:	
Health Information			
Health status:	Allergies:		
Any activities unable to perform while on the mission with or without accommodation?			
Current medications:			
Other			
Please include any other relevant information:			
T-shirt Size: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2X <input type="checkbox"/> Other			

Please include the following with your completed application:

- Signed waiver form
- Curriculum Vitae (physicians only)
- Recent photograph
- Copy of current state medical license
- Copy of passport

If the **Team Coordinator** has the above mentioned information on file from previous mission trips, it is not necessary to resend the information.

Signature/Print Name: _____ / _____

Return by mail to: _____, or send completed application as an attachment to e-mail to _____ at _____ . Applications are due by _____. Applicants will be notified of the status of their applications by _____.