



## Mission Honduras International + Liberia Mission Inc.

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### Emergency Contact, Health Information, Safety Agreement

This form is asking for important information relating to contact details in case of security or medical emergency that occurs overseas. If any of this information changes, prior to and/or during your term of service, please be sure to inform Liberia Mission Incorporated (LMI) and Mission Honduras International (MHI).

**The MHI office must receive this form prior to your departure for Liberia.**

Volunteer Name: \_\_\_\_\_ U.S.A. Passport #: \_\_\_\_\_  
Date of Birth (MM/DD/YY): \_\_\_\_\_

#### EMERGENCY CONTACT PERSON

LMI/MHI needs up-to-date details of a contact person that has agreed to be informed in the case of any emergency. This is normally (but not necessarily) a next of kin. Please ensure that you have asked them if they are willing and able to act as the emergency contact and make decisions on your behalf.

Name of contact person: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Tel: (\_\_\_\_) \_\_\_\_\_ Work Tel: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

#### Alternate contact person (in case the first person cannot be reached):

Name of contact person: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Tel: (\_\_\_\_) \_\_\_\_\_ Work Tel: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Have you arranged for a Power of Attorney? Yes / No      Do you have a will? Yes / No  
If you have children, have you designated a legal guardian in your will? Yes / No

Ensure that your Emergency Contacts know whom you have named as your Power of Attorney and the Executor of your will.

## HEALTH HISTORY

List all health conditions/physical limitations:

List all medications taken:

List all allergies, including allergies to medication:

Describe any special dietary needs:

List and explain history of surgeries and/or hospital stays:

Do you have specific concerns regarding your health conditions/history and living/working at Liberia Mission, Inc.? Please explain.

**SAFETY AGREEMENT**  
**Consent and Release from Liability**

In the event of civil unrest or natural disaster, we expect all volunteers to follow the advice of program staff. Decisions on evacuation are made in consultation with the appropriate Embassies.

In consideration of Mission Honduras International accepting this application for a mission trip, I, my heirs, assigns, executors and personal representatives and, for parents/guardians, on behalf of my child/ward, release, hold harmless, and discharge forever Mission Honduras International, Liberia Mission Incorporated, their staffs, officers, directors, employees, volunteers, agents, sponsors, promoters and affiliates from any and all liability, claim, loss, damage, cost or expense and waive any such claims against any such person or organization arising directly or indirectly from or attributable in any legal way to any action or omission to act of any such person or organization in connection with the sponsorship, organization and involvement in all activities, occurrences and consequences, to include health, sanitation and safety exposures, related to the mission trip. The mission trip includes all time related to preparation for the trip, travel to and from Liberia and the duration of the visit in Liberia.

Should emergency medical treatment be necessary and I am unable to act on my own behalf, or in the case of a parent/guardian, my child/ward and I are unable to act on their behalf, I authorize the delegated group leader or the person in charge at Mission Honduras International / Liberia Mission Incorporated to approve appropriate medical treatment. I or my child/ward have no health-related reasons or conditions that could in any way preclude or restrict full participation in the mission trip.

It is the firm policy of Mission Honduras International / Liberia Mission Incorporated that no one has permission to visit the mission without the appropriate signature and release.

Volunteer Signature: \_\_\_\_\_

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

If volunteer is under 18:

Name of Parent/Legal Guardian (Print): \_\_\_\_\_

Relationship to volunteer: \_\_\_\_\_

Signature: \_\_\_\_\_

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