

# Lumière Medical Ministries Application Forms



To be filled out by each volunteer, including minor children,  
and returned to LMM before trips are confirmed.

Name \_\_\_\_\_

## SKILLS AND TALENTS

The enclosed document contains information that may help make your time in Haiti more productive, safe, enjoyable and worthwhile. It will help us immeasurably if we can know a little about you and what is available for you to do when you get to Haiti.

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

### Skills in which you are fairly proficient:

Check all that apply:

#### Administrative and Office

General Office Support     Office Organization     Computer Technician/Support

#### Medical Support

Doctor     Dentist     Nurse     Medical Assistant     Dental Assistant     Optical

Please elaborate on the above (i.e. general surgeon, urologists, etc.):

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#### Maintenance/Construction

Cement work     Carpentry     Plumbing,     Electrical     Welding  
 Auto Repair     Paint     Construction

Other Talents – teacher, sewing, \_\_\_\_\_

Church or organization with which you are traveling: \_\_\_\_\_



Name and relationship) \_\_\_\_\_

Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Email address: \_\_\_\_\_

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***Professional Information:***

Present Occupation: \_\_\_\_\_

List all Board or National Certifications you hold: \_\_\_\_\_

Licensure Type: \_\_\_\_\_ License Number: \_\_\_\_\_

What State(s)? \_\_\_\_\_ Expires: \_\_\_\_\_

If you wish to use the skills for which you are licensed, you MUST attach a copy of your license with this application.

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***Volunteer Information:***

Please state briefly your reasons for going and what you expect to contribute and gain on this trip:

Do you speak, read or write French or Creole? Yes \_\_\_\_ No \_\_\_\_

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**TRAVEL INSURANCE**

LMM requires all volunteers to enroll in a travel insurance program. LMM will purchase the insurance for you from Adams & Associates and bill you, along with the other charges. The following information is needed:

Beneficiary: \_\_\_\_\_ DOB of Insured: \_\_\_\_\_

Relationship: \_\_\_\_\_

**MEDICAL INFORMATION**

***\*\*\*IMPORTANT: PLEASE CHECK THE VOLUNTEER HANDBOOK FOR SUGGESTED IMMUNIZATIONS FROM THE CDC INCLUDING UP TO DATE TETANUS***

Do you have any allergies (food or otherwise)? Yes: \_\_\_ No: \_\_\_

If yes, please list: \_\_\_\_\_

Your blood type: \_\_\_\_\_

Do you have any health concerns or allergies about which LMM should be informed? If so, please describe:

\_\_\_\_\_  
*If you take prescription medications, please take extra in case of an emergency.*

## **Lumière Medical Ministries**

### **Statement of Agreement and Practice**

Lumière Medical Ministries is a non-denominational, Christian organization  
and does not discriminate against race, creed, or color.

1. While I am volunteering at a Lumière institution, I agree to accept guidance and counsel from those in leadership in the mission.
2. I am willing to set aside personal preferences, habits and schedule in the interest of others to fulfill the mission of the institution to which I am assigned.
3. In serving with Lumière Ministries, I will abide by the standards of the LMM medical mission and by the standards of the institution to which I am assigned in all areas including dress, entertainment, activities, etc.
4. This includes a willing agreement to abstain from the use of alcohol, drugs, and tobacco and being sensitive to cultural, regional, and church expectations and standards.
5. I also agree to refrain from promoting or discussing in public any doctrine, teaching or philosophy that is contrary to the beliefs, standards and practices of Lumière Ministries or our partner agencies in Haiti.
6. I will seek to provide excellence in all I do.
7. I will seek to encourage and build up the missionary and resident staff.
8. I pledge to work for unity and harmony with my co-workers.

**I have read the Statement of Agreement and Practice and agree to the terms as stated.**

# Medical Consent and Release Form

(Children under age 18 must have release signed by parent or legal guardian for each child)

## 1. Medical Consent

In the event of a medical emergency, I hereby consent to the necessary and proper treatment, surgery and/or anesthetic by a licensed physician or health care professional for myself.

I have read the Statement of Agreement and Practice and agree to the terms as stated.

## 2. Release of Liability

I am aware of the potential risks to my property and myself as I participate in the Lumière Medical Ministries short-term missions program. With such knowledge, I voluntarily release Lumière Medical Ministries, their representatives and employees from any and all liability related to the activities of this program.

I have read the Statement of Agreement and Practice and agree to the terms as stated.

### Return to:

Lumière Ministries  
New Hope Small Business Center  
3816 S. New Hope Road, Suite 20  
Gastonia, NC 28056  
Fax: 704-749-8544

## Volunteer Missionary Travel Insurance®

Benefit	Limit	Comments
<b>Accidental Death &amp; Dismemberment</b>	<b>\$100,000</b>	Reduced to \$10,000 for those under age 12 or over 70
<b>Medical Expenses</b> <i>\$100 deductible</i>	<b>\$ 10,000</b>	<b>Primary coverage;</b> \$2,500 of this limit is available to pay US providers; no pre-existing condition exclusion
<b>Emergency Medical Evacuation</b>	<b>\$100,000</b>	Coordinated by SAS; will bring insured back to USA; no pre-existing condition exclusion
<b>Extra Expense</b>	<b>\$ 2,500</b>	Covers extra expenses incurred during an approved medical evacuation
<b>Family Coordination &amp; Repatriation of Mortal Remains</b>	<b>\$ 25,000</b>	Combined limit for both benefits
<b>Assistance Service</b>	<b>Included</b>	Available 24/7/365 for assistance with worldwide medical emergencies; provided by SAS
<b>Crisis Management Service</b>	<b>Included</b>	Available 24/7/365 for assistance with worldwide non-medical emergencies; provided by red24
<b>General Liability</b>	<b>\$1,000,000</b>	Worldwide jurisdiction; covers volunteer and sending organization; includes coverage for injury to a volunteer
<b>Personal Property</b> <i>\$100 deductible</i>	<b>\$ 2,500</b>	Replacement cost coverage; includes checked baggage; "door to door" coverage
<b>Disability Income Benefit</b> (no benefit if under age 12 or over 70)	<b>\$1,000/ mo.</b> <b>\$500 / mo.</b> <b>\$250 / mo.</b>	First 100 Months – Accident Months 101-200 – Accident 50 Months–Sickness after 3 month waiting period
<b>Aggregate Limit</b>	<b>\$20,000,000</b>	Provides the full \$100,000 AD&D benefit for up to 50 persons in a common accident; higher limits available to 50
<b>Rate</b>	<b>\$ 3.40 per person per day</b>	

This brief summary is not an insurance policy; rather, it outlines some of the features of this coverage. For specific details, please consult the Master Policy. This is not a major medical policy. Major Medical Coverage is available for individuals and groups on Short-Term and Long-Term Volunteer missionary assignments. If this is a need specific to your group, please contact us for details.

To secure coverage, complete the form entitled Enrollment, Volunteer Missionary Insurance and return this along with your check for the premium made payable to: Adams & Associates International-Arthur J. Gallagher. In computing the number of days, count the departure day as well as the day of return. If coverage is being secured for a group, the group would be responsible for requiring all Volunteers to carry this insurance. In the event the entire group is not traveling on the same dates, please attach a separate sheet grouping the Volunteers by the dates they are traveling.