

Sharing the transforming message of God's love is foundational to the work of GAIN and is a guiding principle for all our activities. Join our medical mission volunteer team and be part of meeting the physical and spiritual needs of those we serve. And in the process, you will never be the same again. We need people to fill the following roles to ensure the success of our missions: translators, volunteers for children's ministry, crowd control, counsellors, administration, nurses, doctors, pharmacists, optometrists, dentists, etc.

The cost to join the mission is \$3000 including air fares, accommodation, transport, food and sightseeing. A portion of the fee also contributes towards the running of the mission through supporting our local partners. We encourage you to seek the support of your local church or approach other donors in raising these funds. Without the participation of our Australian volunteers our medical missions would not be possible. To join one of our missions teams, please complete this form to the best of your ability and submit it to us through either of the following ways:

Email: gain@globalaid.net.au

Post: PO BOX 674, Merrylands, NSW 2160

Once your application is accepted, a deposit of \$1500 is required to secure your participation in the team. Payment can be made via direct fund transfer using the following details or visit our website for alternate ways of payment.

Account Name: Global Aid Network (GAIN) Australia

Bank: Commonwealth Bank of Australia

BSB: 062 271

Acc. Number: 10115657

Please contact us on (office phone number) or gain@globalaid.net.au if you have any questions or for more information. We look forward to receiving your completed application form.

Medical Mission Application Form

Please complete this form to apply to participate in a Global Aid Network (GAIN) Australia medical mission.

What is the most recent Medical Mission that you attended?

Medical Mission Details

Please indicate which medical mission you would like to join:

Country

☐

Cambodia

☐

India

☐

Philippines

Personal Details

First Name

Middle Name

Last Name

Is this your legal name?

☐

Yes

☐

No

Date of Birth

Gender

☐

Female

☐

Male

Marital Status

Contact Details

Street Address

Address Line 2

City

State/Province/Region

Postal/Zipcode

Country

Email

Mobile Phone Number

Home Phone Number

Passport Information

Passport Number

Passport Nationality

Passport Expiry Date

Occupation

Emergency Contacts

Emergency Contact 1 -
Name

Emergency Contact 1 -
Phone Number

Emergency Contact 1 -
Alternate Phone

Emergency Contact 1 -
Relationship

Emergency Contact 2 -
Name

Emergency Contact 2 -
Phone Number

Emergency Contact 2 -
Alternate Phone

Emergency Contact 2 -
Relationship

Do you have any condition/s which may limit you, such as serious allergies requiring medication, depressive/mental illness, limited mobility, extremely poor eyesight, hearing loss, severe asthma, chronic fatigue, food intolerances, etc?

☐

Yes

☐

No

Are you currently or have you been under a doctor or psychiatrist's care in the past 2 years (apart from minor ailments)?

Will you need any special food requirements? Please list medical requirements only, not preferences.

I declare that to the best of my knowledge, all the information in this application is true and complete.

Signature: _____

Date: _____