



MERCY DENTAL MISSIONS VOLUNTEER APPLICATION

OUR MISSION is to provide compassionate, life-changing dental care to those in need. With a special focus on vulnerable populations, we are committed to delivering free and reduced-cost dental services to underserved communities both locally and globally. By addressing critical dental needs and promoting oral health education, we aim to alleviate pain, bring hope, restore dignity, and empower individuals to lead healthier, more fulfilling lives.

Thank you for your interest in volunteering with Mercy Dental Missions on our upcoming trip to: **Casa Hogar in Lima, Peru** during these dates: **October 17 - 24, 2026**. Limited space is available.

Please complete the application below to help us understand your background and commitment.

PERSONAL INFORMATION:

First Name: _____ Last Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ DOB: ____/____/____

Email: _____

Do you agree to a background check? Yes No

PASSPORT INFORMATION:

Do you have a current passport? Yes No

Passport Expiration Date (MM/DD/YYYY): ____/____/____

PROFESSIONAL INFORMATION:

Occupation: _____

Current Employer: _____

Are you a licensed dental professional? Yes No

If yes, specify your role and years of experience: _____

License #: _____

AVAILABILITY & COMMITMENT:

Have you volunteered in a foreign mission before? Yes No

If yes, describe your experience: _____

Do the dates of the upcoming trip work for you? Yes N



SKILLS & QUALIFICATIONS:

Please list any languages you speak fluently: _____

Do you have any specialized skills (dental procedures, first aid, etc.) relevant to this trip?

If yes, please describe: _____

Are you typically known for your flexibility, teamwork, and empathy? Yes No

PHYSICAL REQUIREMENTS:

Can you walk or hike several miles without difficulty? Yes No

Can you lift and carry moderate weights without difficulty? Yes No

ADDITIONAL INFORMATION:

What size unisex t-shirt are you? _____

Why would you like to volunteer on this trip? _____

Any other relevant information we should be aware of? (allergies, health considerations, etc.):

MERCY DENTAL MISSIONS INVOLVEMENT:

Are you a current monthly donor to Mercy Dental Missions? Yes No

Are you a regular volunteer at the Mercy Dental Missions clinic in Madison? Yes No

TRIP COST COMMITMENT:

The estimated cost of this trip is \$2,400 (includes airfare, lodging, meals, transportation, administrative, equipment, luggage, paperwork, and dental supplies).

- A \$500 payment is due within 7 days of acceptance.
- The remaining balance is due 30 days before the trip date, which may be covered through fundraising or personal contribution.

Are you prepared to meet this financial commitment? Yes No

If no, please explain: _____



EMERGENCY CONTACT INFORMATION:

Emergency Contact First Name: _____ Last Name: _____

Relationship to You: _____ Phone Number: _____

AGREEMENT & LIABILITY WAIVER:

By signing below, I confirm that the information provided is accurate, and I understand that participating as a volunteer with Mercy Dental Missions may require further screenings or training as part of the process.

I acknowledge that an electronic signature on this document carries that same weight and legal significance as a handwritten signature.

I also agree to release and hold harmless Mercy Dental Missions, its affiliates, staff and volunteers from any and all liability for injury, illness, loss, or damage that may occur during or as a result of my participation in this trip.

Printed Name: _____

Signature: _____

Date: ____/____/____

PHOTO & VIDEO RELEASE AGREEMENT:

I hereby grant Mercy Dental Missions permission to use my photography, video likeness, and/or any interviews with me in any and all of its publications, promotional materials, websites, social media, and fundraising efforts, without payment or other consideration.

I understand that these materials may be shared publicly and used for promotional, educational, or fundraising purposes. I waive any right to inspect or approve the finished product in which my likeness appears.

I also release Mercy Dental Missions and its representatives from any claims, damages, or liability arising from the use of these materials.

I AGREE to the terms of this photo/video release

I DO NOT AGREE to the use of my photos or videos for promotional purposes

Printed Name: _____

Signature: _____

Date: ____/____/____



2025 MDM GLOBAL MISSION TRIP COMMITMENT LETTER

Thank you for your commitment to serve with Mercy Dental Missions on our upcoming Global Mission Trip. We're excited to have you join us in:

Casa Hogar in Lima, Peru

October 17 to October 24, 2026

This trip is a meaningful opportunity to live out our mission *to provide compassionate, life-changing dental care to those in need. With a special focus on vulnerable populations, we are committed to delivering free and reduced-cost dental services to underserved communities both locally and globally. By addressing critical dental needs and promoting oral health education, we aim to alleviate pain, bring hope, restore dignity, and empower individuals to lead healthier, more fulfilling lives.*

During this trip, you'll be part of a team delivering **free dental care** to children and families served by **Casa Hogar**, a trusted nonprofit in Lima since 1985. Their mission is delivering high quality care in a family environment centered on the Catholic faith- Rescuing vulnerable children and empowering them through Christ-centered education, care, and opportunity. We'll be serving both children and adults connected to the local schools and orphanage, individuals who would otherwise not have access to this care.

We understand that unforeseen circumstances may arise. Should you need to cancel your participation after signing this letter, you may do so without penalty on or before: 7/15/26.

Coinciding with these dates, Mercy Dental Missions will begin making non-refundable investments on your behalf (including travel, lodging, and supplies). Therefore, if you must cancel your participation, the following penalties apply:

Cancellation between 7/16/26 - 9/1/26 : \$800.00

Cancellation between 9/2/26 - Trip Date : \$2,000.00

These amounts reflect unrecoverable costs incurred by the organization due to your withdrawal.

**Please note that if you are an employee of Mercy Dental Group or Mercy Dental Missions and are involuntarily terminated before the trip, you will not be held responsible for any cancellation fees. However, if you voluntarily resign, the above cancellation fees will still apply.*

All cancellations must be submitted in writing to: krysta@mercydentalmissions.org.



By signing below, you confirm your commitment to participate in the 2026 Global Mission Trip and agree to the cancellation terms and financial cancellation responsibility outlined above.

Your Printed Name: _____

Your Signature: _____

Date: ____/____/____

Please return this signed letter to Krysta, Executive Director, by 7/15/26.

Questions? Please contact Krysta at: krysta@mercydentalmissions.org

We are truly grateful for your heart to serve and look forward to bringing hope and healing together to those who need it most.

Blessings,

A handwritten signature in black ink that reads "Krysta Wetzel". The signature is written in a cursive, flowing style.

Krysta Wetzel
Executive Director
Mercy Dental Missions