MERCY DENTAL MISSIONS VOLUNTEER APPLICATION - FALL 2027

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/YYY): _____/_____/_____

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 □ No

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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: _____/_____/_____

2027 MDM GLOBAL MISSION TRIP COMMITMENT LETTER

Thank you for your commitment to serve with Mercy Dental Missions on our upcoming 2027 Global Mission Trip. We're excited to have you join us in serving alongside:

Seeds to Sower Ministries
Dominican Republic
September 25 – October 2, 2027

This trip is a meaningful opportunity to live out the mission of Mercy Dental Missions: providing 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, our volunteer team will partner with Seeds to Sower Ministries to provide free dental care to children, families, and individuals within the communities they serve in the Dominican Republic. Many of those we will encounter face significant barriers to accessing routine and restorative dental care. Together, we will work to meet immediate dental needs, provide oral health education, relieve pain, and show Christ-centered compassion through meaningful, hands-on service.

Commitment & Cancellation Policy

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 July 1, 2027. Following this date, Mercy Dental Missions will begin making non-refundable investments on your behalf, including expenses related to travel, lodging, transportation, supplies, and other trip preparations. Therefore, if you must cancel your participation, the following cancellation fees will apply:

Cancellation July 1, 2027 – September 1, 2027: $800.00
Cancellation September 2, 2027 – Trip Departure: $2,000.00

These amounts reflect unrecoverable costs incurred by Mercy Dental Missions as a result of your withdrawal from the trip.

**Please note: If you are an employee of Mercy Dental Group or Mercy Dental Missions and are involuntarily terminated from employment prior to the trip, you will not be responsible for the cancellation fees outlined above. If you voluntarily resign from your position, however, the applicable cancellation fees will still apply.*

2027 MDM GLOBAL MISSION TRIP COMMITMENT LETTER

All cancellations must be submitted in writing to Krysta Wetzel at krysta@mercydentalmissions.org.

Participant Agreement

By signing below, you confirm your commitment to participate in the 2027 Mercy Dental Missions Global Mission Trip to the Dominican Republic and acknowledge and agree to the cancellation terms and financial responsibilities outlined in this letter.

Your Printed Name: _____
Your Signature: _____
Date: _____ / _____ / _____

Please return this signed commitment letter to Krysta Wetzel, Executive Director, by June 1, 2027.

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

We are truly grateful for your heart to serve and your willingness to put Compassion in Action. We look forward to serving alongside you as we bring hope, healing, and compassionate dental care to those who need it most.

Blessings,
Krysta Wetzel
Executive Director
Mercy Dental Missions