



## 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: **Dominican Republic** during these dates: **Sept 27-Oct 4, 2025**. Limited space is available.

A little bit about this trip: Our team will be providing free dental care in collaboration with a long standing, reputable nonprofit organization in the D.R., Kids Alive.

*"Kids Alive in Constanza, Dominican Republic, aims to provide vulnerable children with a holistic approach to healing and independence through Christian education, protective care, and community development, focusing on equipping them with the tools to thrive emotionally, physically, and spiritually, while fostering a sense of hope and agency within their lives and communities; essentially, rescuing children from difficult circumstances and offering them a future with purpose and service."*

We will be serving both children and adults who are connected to the school and/or orphanage.

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 ☐ No

**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:**

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 (including airfare, lodging, transportation, and dental supplies).

- A 50% 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: \_\_\_\_/\_\_\_\_/\_\_\_\_