



RICE FOUNDATION

Medical and Dental Relief Organization
 P.O. Box 541867, Grand Prairie TX 75054
www.ricefoundation.us
 Phone: (972) 752-7990 Fax: (972) 767-0064
 Cell Phone: (469) 939-6825

Personal Participant Information

Name (as in the Passport):			Degree or Doctor. Specialty:		
Last		First	Mi		
Address:				Phone:	
Street		City	ST	Zip Code	
Email:				Cell Phone:	
Passport No.:				Gender:	
Exp. Date:		Date of Birth:		/ /	
Social Security:		Marital Status:		Month	Day Year
Medications Currently Taken:				Blood Type:	
Allergies:			Date Mission Trip:		
Skills:			Month	Day	Year
Foreign Language(s):					
Are you currently active in a Church: Yes: No:			Church Name:		

Emergency Contacts:

Name:	Phone:	Relationship:
Name:	Phone:	Relationship:
Name:	Phone:	Relationship:

I agree that I am responsible for making my own travel arrangements, with the understanding that I will get to San Pedro Sula airport in Honduras the first day of mission trip before 10:00PM. Rice Foundation will make the arrangements for picking me up at the airport to join the rest of the team in Honduras.

SIGNATURE or PRINT YOUR NAME

DATE

For children under 18, if a parent is not participating with the minor participant, a parental consent letter must be signed.



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ESSENTIAL DOCUMENTATION REQUIREMENTS

ALL APPLICANTS :

- A. \$200 Non-refundable registration fee
- B. Recent photo
- C. Copy of first page of passport (with photo)

MEDICAL PERSONNEL :

- A. Copy of professional diploma 35 days prior to the date of the trip
- B. Copy of professional license 35 days prior to the date of the trip

WAIVER OF RESPONSIBILITY, AND ASSUMPTION OF RISK

I, _____, understand that there are significant risks involved with traveling internationally, and that illness, injury, or death could result from my voluntary service with the Rice Foundation. The results of my service may include, but are not limited to, accidents resulting in injury or death, disease, terrorist attacks, loss of personal property, and inadequate medical care. I willingly assume these risks as I volunteer my services, and I hereby waive any and all claims against local and international organizations, their employees, and the leaders of the Rice Foundation.

RICE FOUNDATION POLICIES FOR VOLUNTEER SERVICE

RICE Foundation is a Christian group committed to the evangelization, empowerment and unity of the body of Christ through serving with medical relief and construction in specific parts of the world. Where ever we go we want to follow up with our work for a period of at least eight years, supporting their national leaders with evangelization, training leaders, and medical relief.

US IRS tax-deductible receipts will be given for donations of \$25.00 or more contributed for Rice Foundation projects. Donation checks should be made out to RICE FOUNDATION with the participant's name in the memo field.

A signed application and waiver must be submitted by the participant for each project he/she participates in.

It is of vital importance for the Rice Foundation and its participants to maintain an unimpeachable testimony in the local community, and we therefore expect our participants to behave in a manner that is in keeping with Biblical Christian morals. Due to the beliefs of the local churches, participants should refrain from partaking of smoking and alcoholic beverages while serving with the Rice Foundation. Bars and discos are off-limits for team members. No public or private immoral behavior will be tolerated by the Rice Foundation. When activities are in questions, team members should respect the wishes of the Rice foundation leadership and their knowledge of the country and culture.

By signing I agree with the Rice Foundations policies for volunteer service, the waiver of responsibility, the assumption of risk, and I agree to meet the essential documentation requirements.

SIGNATURE or PRINT YOUR NAME

DATE

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