



Medical, Education, Development Resources, International eXchange

APPLICATION FOR TRAVELING WITH MEDRIX

PLEASE PRINT

Full Name _____ Date _____

Date of Birth _____ Citizenship: _____

Home Phone _____ Cell Phone _____

Work Phone _____ Occupation _____

Fax _____ Email _____

Home Address _____

City _____ State _____ Zip _____

Mailing Address (if different than home address) _____

City _____ State _____ Zip _____

Passport:

Do you have a current Passport? _____ If **YES**, please fill out the below information:

Name on passport _____

Passport # _____ Expiration Date _____

(Passport expiration date must be at least 6 months after intended travel dates)

Country of Issue (If USA, Passport Agency) _____

I am interested in the following area(s) of service:

- Medical or Health Education
- Safe Drinking Water/ Well Drilling
- Conversational English (ESL)
- Other Please specify _____



Please answer the following and attach additional sheets as necessary:

1. List any prior experiences you have had which have helped you prepare for this volunteer experience. Examples may include work experience, volunteer experiences with internationals, teaching experiences, foreign language study and abilities, or related projects, etc.

2. MEDRIX teams often travel to remote areas of the world where there are potential health hazards and risks, limited hygiene facilities, extreme weather, and very basic living conditions. What physical limitation(s) may limit your participation under these conditions?

3. Do you have any other personal considerations that could affect your ability to travel and function in this experience?

4. List your interests, abilities, and hobbies.

5. Do you speak any Vietnamese or French?
 Yes; if yes, how fluent are you in this language? _____
 No



6. If you are under the age of 25 and unmarried, please discuss this trip with your parents before submitting this application. Are your parents supportive? If not, please discuss your situation with the interviewers when you have your interview.

Yes

No; if no, please discuss your situation with the interviewers when you have your interview.

7. Due to the nature of this work, we need to ask the following question both for your protection and for that of the recipients of this work: Have you ever been arrested or subject to any criminal investigation or civil investigation related to assault or any abuse of another person?

Yes; if yes, please specify the circumstances in an attached explanation (you will be asked to discuss the circumstances surrounding your criminal record before a decision can be made on your participation on this team.)

No

Please email the following with this application to office@medrix.org:

- One page or less summary of your personal worldview
- Resume
- Curriculum Vitae (if applicable)
- Cover letter stating your qualifications for the specified area of interest you indicated on page 1



Please provide three professional references (business, school, etc):

Name _____
Address _____ Ste/Apt # _____
City _____ State _____ Zip _____
Email Address _____ Phone _____
Professional Relationship _____

Name _____
Address _____ Ste/Apt # _____
City _____ State _____ Zip _____
Email Address _____ Phone _____
Professional Relationship _____

Name _____
Address _____ Ste/Apt # _____
City _____ State _____ Zip _____
Email Address _____ Phone _____
Professional Relationship _____



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In an emergency for (applicant's name) _____ please contact:

Name _____

Relationship to applicant _____

Address _____

City _____ State _____ Zip _____

Phone _____ (Home) _____ (Work)

Health Insurance Company: _____

Policy # _____

Name of Doctor _____ Phone _____

Prescription Medications:

1. _____
2. _____
3. _____
4. _____

“I certify that I have and will provide information throughout the application process, including on this application for a volunteer position and in interviews with MEDRIX that is true, correct, and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application may be verified by MEDRIX. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with MEDRIX or my termination from such a position if I am selected.”

Signature _____ **Date** _____

Parent or Guardian Signature (if applicant is under 18 years old at time of signature)

_____ **Date** _____



TRAVELING WITH MEDRIX

Here is some information about traveling with our organization. Further information will be provided to you upon completion of your application.

Expenses:

Your expenses depend on what team you will be working with and the location of your work. A \$350 non-refundable deposit is necessary to secure your space on the team.

Options for Payment

We offer three options for financing the trip, where in all options the \$350 deposit is NOT refundable:

Option 1 - Pay for your own trip (NOT Tax Deductible):

With this option, you are paying for your trip, not donating your money to MEDRIX. If you should choose to cancel your travel with MEDRIX, you will receive your money back as stated in the Refund Policy, except for the \$350 non-refundable deposit.

Option 2 - Pay for your own trip (Tax Deductible):

With this option, you are donating all the money for the trip to MEDRIX. This money will be used for travel expenses and MEDRIX projects while allowing your contribution to be tax deductible. **However**, if you choose to cancel your travel with MEDRIX, MEDRIX has complete discretion and control over the use of all donated funds and they are non-refundable.

Option 3 - Raise up to 100% support for your trip (Tax Deductible):

This option allows you to raise up to 100% of your support for your trip through donations from friends, business associates and/or family members. If money is donated directly to MEDRIX, NOT to you as an individual, then the donors can receive a tax deduction for their donation. All contributions are solicited with the understanding that MEDRIX has complete discretion and control over the use of all donated funds and they are non-refundable.

Additional expenses you are responsible for:

1. Travel immunizations and medications
2. All pre-travel expenses
3. While in country: All personal expenses (e.g. phone calls home, personal medications, laundry, snacks, souvenirs, etc.) are your responsibility and you should have sufficient **cash** with you for this purpose.

Working in Vietnam:

While in Vietnam we expect each traveler to work everyday as planned as well as contribute to our team meetings. If you have any questions, or if you would like to receive further information, please contact our office at 1-866-463-3749 or email us at office@medrix.org.