



11111 Wilcrest Green, Suite 105, Houston, TX 77042  
(713) 266-8002/Fax: (713) 266-8003  
[www.Houseofcharity.com](http://www.Houseofcharity.com)

A tax-exempt organization under Section 501C 930 of US Internal Revenue Code with Tax ID# 76-0534271

## **Medical Mission Abroad**

We began with modest principles:

- ❖ Honesty
- ❖ Dedication
- ❖ Quality
- ❖ Love for Children

### **Our Mission**

The House of Charity was founded in 1996. The organization is a tax-exempt organization under Section 501C 930 of US Internal Revenue Code with Tax ID# 76-0534271, that provides high quality donated educational essentials surgical care to improve the life and health of impoverished children in America & around the world.

We are proud:

- ❖ Of creating American goodwill in other countries
- ❖ To be a group of humanitarians located USA
- ❖ Of achieving maximum results
- ❖ Of keeping our services free of discrimination

Our Medical Mission abroad Program focuses on providing surgical and medical treatment to children and young adult in their own countries. Volunteer teams of medical and surgical health professionals are assembled and travel to host countries where children and young adults are treated free of charge. Our programs include providing medical and surgical care free as well as training of local doctors and nurses, and supplying necessary medical equipment and supplies to charitable hospitals.

Every team member is carefully hand-picked. To become a team member you must submit **HOC Application with your Curriculum Vitae (Resume) and a copy of your current license to practice your profession.** Additionally, we would appreciate any other pertinent information concerning your professional expertise that will help us in assessing your application. Volunteers are selected based upon team needs. Once you are selected as a team member, you will need to complete for us the following:

1. Application
2. Medical History Form
3. Mission Trip Pledge
4. Release from Liability
5. Payment of Trip Support Fee

*Children are the most innocent victims of poverty, economical and political crisis....  
Together we can make a difference!*



11111 Wilcrest Green, Suite 105, Houston, TX 77042  
(713) 266-8002/Fax: (713) 266-8003  
www.Houseofcharity.com

A tax-exempt organization under Section 501C 930 of US Internal Revenue Code with Tax ID# 76-0534271

## **RELEASE FROM LIABILITY**

I, \_\_\_\_\_ of \_\_\_\_\_

\_\_\_\_\_ do hereby release The House of Charity its agents, representatives, staff and members from all responsibility involving my health, safety or personal belongings for the planned medical mission scheduled to \_\_\_\_\_ on \_\_\_\_\_ through \_\_\_\_\_.

I hereby take full responsibility for any personal health, life, accident, disability and liability insurance for myself or my belongings.

I also hereby agree to abide by the Pledge of Code of Ethics of The House of Charity. By signing this document, I have released The House of Charity, and its authorized agents, representatives, staff and members of all these responsibilities and any liability.

\_\_\_\_\_  
Signed

Dated: \_\_\_\_\_

Witnessed: \_\_\_\_\_



11111 Wilcrest Green, Suite 105, Houston, TX 77042  
(713) 266-8002/Fax: (713) 266-8003  
www.Houseofcharity.com

A tax-exempt organization under Section 501C 930 of US Internal Revenue Code with Tax ID# 76-0534271

## **MEDICAL HISTORY FORM**

Date: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
\_\_\_\_\_  
Home Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email: \_\_\_\_\_  
IN CASE OF EMERGENCY CONTACT: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

### **Health Information**

Allergies: \_\_\_\_\_  
Significant Medical Problems: \_\_\_\_\_  
Daily Medications Taken:  

Drug	Dose	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
**Immunizations:**      Hepatitis A\_\_ Hepatitis B\_\_ Tetanus \_\_\_\_



1111 Wilcrest Green, Suite 105, Houston, TX 77042  
(713) 266-8002/Fax: (713) 266-8003  
www.Houseofcharity.com

A tax-exempt organization under Section 501C 930 of US Internal Revenue Code with Tax ID# 76-0534271

## **Medical Mission Team Application**

**Name:** (As on Passport)

\_\_\_\_\_

(Last) (First) (Middle) (Title)

**Home:**

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Work:**

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Beeper: \_\_\_\_\_

### **Personal Information**

Passport # \_\_\_\_\_ Date Issued: (M/D/YR) \_\_\_\_\_ Place Issued: \_\_\_\_\_

Date Expires:(M/D/YR) \_\_\_\_\_ Birth Date: (M/D/YR) \_\_\_\_\_

Citizenship: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Have you traveled with HOC before? \_\_\_\_ When: \_\_\_\_\_



**11111 Wilcrest Green, Suite 105, Houston, TX 77042**  
**(713) 266-8002/Fax: (713) 266-8003**  
**www.Houseofcharity.com**

A tax-exempt organization under Section 501C 930 of US Internal Revenue Code with Tax ID# 76-0534271

### Personal Skills

What is your Medical Specialty? \_\_\_\_\_

List any Foreign Languages spoken: \_\_\_\_\_

List any Non-Medical Skills: \_\_\_\_\_

### License Information

Type of Professional License: \_\_\_\_\_

License Number: \_\_\_\_\_ Licensing State: \_\_\_\_\_

Expiration date: \_\_\_\_\_ Board Certified: Yes \_\_\_\_\_ No \_\_\_\_\_

Board Certification License Number: \_\_\_\_\_ Certifying Agency \_\_\_\_\_

### Health Information

Allergies: \_\_\_\_\_

Daily Medications Taken: \_\_\_\_\_

Medical Problems: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone: (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_ Cell Phone: \_\_\_\_\_



**11111 Wilcrest Green, Suite 105, Houston, TX 77042**  
**(713) 266-8002/Fax: (713) 266-8003**  
**www.Houseofcharity.com**

A tax-exempt organization under Section 501C 930 of US Internal Revenue Code with Tax ID# 76-0534271

### Travel Information

**Where you are traveling from – Departure detail:**

City: \_\_\_\_\_, State: \_\_\_\_\_, Airport: \_\_\_\_\_

**Your return – Arrival detail:**

City: \_\_\_\_\_, State: \_\_\_\_\_, Airport: \_\_\_\_\_

**Your seat preference: \_\_\_\_\_ Aisle or \_\_\_\_\_ Window**

**Your meal preference: \_\_\_\_\_ Regular, \_\_\_\_\_ Vegetarian, \_\_\_\_\_ Kosher**

**Signature: \_\_\_\_\_**

**Date: \_\_\_\_\_**



11111 Wilcrest Green, Suite 105, Houston, TX 77042  
(713) 266-8002/Fax: (713) 266-8003  
[www.Houseofcharity.com](http://www.Houseofcharity.com)

A tax-exempt organization under Section 501C 930 of US Internal Revenue Code with Tax ID# 76-0534271

## **Mission Trip Pledge**

I \_\_\_\_\_ agree while traveling with The House of Charity

that I will do the following to the utmost of my ability:

- I will be a humanitarian
- I will respect the culture and beliefs of my teammates and the people of the host country
- I will be flexible, sincere and honest.
- I will act as an outstanding representative of The U.S. and The House of Charity
- I will have fun while working hard to serve others
- I will be a team player
- I will enjoy the beauty of the Host Country and will not do anything that would be considered offensive to the people or the Country

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Trip: \_\_\_\_\_

*What we are doing you may not be able to do...What you are doing we may not be able to do...  
But together we can do beautiful things for God and make a difference!*