

# CMDA/GHO POLICIES AND PROCEDURES FOR VOLUNTEER SERVICE

**NOTE: Children under 18 also require completion of the "Supplemental Application for Minor Children". If one or both parents are not participating with the minor participant, a "Parental Consent" must be signed and notarized.**

- ◆ **Project Fees, Registration Fee, Tax Receipts & Cancellations:** The *project fee cannot* be prorated for partial participation. If the project is fully booked or if an application is not approved, the full amount of the *registration fee* will be refunded. Those who cancel after tickets are secured in their name are responsible for the cost of the ticket and will be sent their tickets to use or exchange at the discretion of the airline. IRS tax-deductible receipts will be sent for all donations contributed for project expenses. Donation checks should be made out to CMDA/GHO with the participant's name in the memo field. **Cancellations MUST be submitted to GHO via phone call or email. Please call 423-844-1079 or email GHOApps@cmda.org.**
- ◆ **Standards for Personal Conduct:** Our actions and relationships should be modeled upon those of our Lord's life and ministry, which was above reproach. I agree to follow the following practical restrictions for the duration of the project out of respect for those we serve: No alcohol, tobacco, illegal drugs, attending bars, nightclubs, or similar adult establishments. No engagement in immoral, unethical, or otherwise inappropriate behavior. Only married, heterosexual couples may share a room. No one may leave the project area without the team leader's permission.
- ◆ **Participant's Agreement:** I understand the Global Health Outreach Policies and Procedures as stated above. I agree to abide by them. I understand that misrepresentations in my application or violating these standards of conduct will be grounds for dismissal from the project.
- ◆ **Publicity:** GHO is authorized to publish my photo and/or testimony as a participant on this mission project.
- ◆ **Travel:** I understand that I am expected to travel with the Global Health Outreach team on my international flight. I give my permission to Global Health Outreach and their travel agent to make my flight arrangements. I understand that I am responsible for payment of any travel arrangements made on my behalf by Global Health Outreach and their travel agent. **(If you wish to make your own travel arrangements, you must contact GHO first by calling 423-844-1016 or email GHOTravel@cmda.org.)**
- ◆ **Project and Travel Fees:** I give GHO permission to charge the credit card below for the amount of my airline ticket at time of ticketing. Furthermore, I give GHO permission to charge this credit card for any outstanding amount of my project fees that are due 2 weeks prior to departure. **(If you wish to make alternative payment arrangements, you must coordinate these with [GHO.Finances@cmda.org](mailto:GHO.Finances@cmda.org) no later than 2 weeks prior to departure.)**
- ◆ **I am attending the \_\_\_\_\_ Project (project location) on \_\_\_\_\_ (date).** Note: If planning on attending more than one GHO trip per year, please enter 'for the entire year of xxxx (enter year).

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

## METHOD OF PAYMENT (Check all that apply):

Credit Card  Check  Fundraising  Other (Please explain): \_\_\_\_\_

## Credit Card Information:

Card Holder's Name: \_\_\_\_\_

(Circle One)

Credit Card      Debit Card

Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_ CVV: \_\_\_\_\_

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

Card Holder's Signature: \_\_\_\_\_

**\*Please note: this charge will show up on your statement as *CHRISTIAN MED DENT*, or *CHRISTIAN DONATION G***

**Please scan, or take a photo, of your completed form and email it to [GHOPROJECTS@CMDA.ORG](mailto:GHOPROJECTS@CMDA.ORG)**

Fax to 423-764-1417