

Indemnity Forms for teams and short-term volunteers:

Name & Surname:..... Gender: Male
 ID number: Female
 Passport number: Date of issue:.....
 Place issued: Expiry date:.....
 Name of sending church/organisation:

I, hereby confirm that I have read Lesotho Mission information requirements and protocols and agree to abide by these rules for the duration of my involvement with Lesotho Mission.

I acknowledge that I volunteered of my own accord and that I submit to the leadership and the staff of Lesotho Mission and my team leader for the duration of my involvement with Lesotho Mission.

Furthermore, I agree that I will not hold Lesotho Mission, my sending church/organisation, the staff of Lesotho Mission or any volunteers responsible for any illness, injury, damage or loss incurred during the course of my involvement with Lesotho Mission. I also acknowledge that I fully understand, that should I break any of the protocols of Lesotho Mission, the leadership of Lesotho Mission can immediately send me back home at my team's expense.

PRINT name in full:

Signature: Date:

Place signed at:

Witness 1: Witness 2:

Letter of consent from Parent and/or Guardian

If under 21, your parent or legal guardian must complete the following:

I, give permission for

..... to be part of the outreach to Lesotho.

I acknowledge that I will not hold Lesotho Mission, the sending church/organisation, the staff of Lesotho Mission or any of the volunteers responsible for any illness, injury, loss or damage incurred to the person or property of the said minor.

I also acknowledge that I fully understand that should the minor break any of the protocols of Lesotho Mission or refuse to submit to the leadership of Lesotho Mission, the leadership of Lesotho Mission can immediately send him/her back home at an additional expense.

Parent/Guardian's name & surname:

Parent/Guardian's signature:

Email address:

Contact number:

Date:..... Place signed at:

Additional parent/guardian name & surname:

Email address:

Contact number:

Witness 1: Witness 2:

Medical form for teams and short-term volunteers



Name & Surname:..... Gender: Male
ID number: Female
Passport number: Date of issue:.....
Place issued: Expiry date:.....
Name of sending church/organisation:

Medical aid or Insurance Details:

Name of medical aid/insurance:
Medical aid/insurance number:
Medical aid/insurance main member contact person and details:

Name & Surname:
ID Number: Contact number:
Does this include a hospital plan? YES / NO
Does this include an evacuation plan? YES / NO
Briefly explain your benefits:.....
.....

PLEASE NOTE THAT IF YOU DO NOT HAVE MEDICAL AID/INSURANCE, YOU NEED TO GET TRAVEL INSURANCE FOR THE DURATION OF YOUR TRIP TO LESOTHO.

Emergency Contact Details:

Contact person in case of emergency:
Relationship: Contact number(s):
E-mail address:
Physical address:
.....

Medical information:

What is your blood type?

Do you have any of the following: (if yes, please stipulate which one applies and provide details)	YES	NO
Allergies, chronic sinusitis or hay fever		
Asthma		
Any Chronic Stomach Problems		
Rheumatic Fever		
Heart Condition		
Epilepsy		
Diabetes		
Eyes, Ears, Nose, Throat problems		
Chronic Back Problems		
Depression		
Any history of mental illness		
Other:		

If you answered ‘yes’ to any of the above or have other medical conditions not listed, please give a brief description of medical history related to condition indicated:

.....

Are you currently taking any chronic medication or on any sort of treatment? If Yes, please provide all the details (name and dosage of medication taken):

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.....
.....
.....
.....

Have you had any recent medical procedures that might affect you whilst on a missions trip to Lesotho (knee, back or heart surgery etc.)?

.....

If Yes, please briefly explain, including dates of when the medical procedures were conducted:

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.....
.....
.....
.....
.....

PLEASE ATTACH ANY RELEVANT MEDICAL DOCUMENTS AND LETTERS TO THIS FORM.

I hereby declare that to my knowledge, the information provided is accurate and true. I also understand that Lesotho Mission, the sending church/organisation, the staff of Lesotho Mission and the volunteer leaders are in no way liable in respect to any personal illness or injury that may occur to me during my involvement with Lesotho Mission.

I also hereby authorise the staff and volunteer leaders of Lesotho Mission to act within their best judgment during any emergency situation where I may require medical attention.

Name in full: Signature:

Date:..... Place signed at:

Witness 1: Signature:

Witness 2: Signature:

Personal contact details:

Name & Surname of applicant:

Email address:

Contact number:

Would you like to be added to our mailing list to receive newsletters and updates from Lesotho Mission?

- YES
- NO

PLEASE ATTACH THE FOLLOWING DOCUMENTATION WITH THE ABOVE LISTED FORMS:

Attachment checklist:

- Copy of Passport
- Copy of Identity Document
- Copy of Driver's License (if applicable)
- Copy of medical aid card/travel insurance documentation
- Relevant medical documents/letters