

APPLICATION FOR VOSH/CALIFORNIA MISSION TO _____

Name: _____ #Prior Missions: _____
Office Address: _____ City: _____ State: _____ Zip: _____
Home Address: _____ City: _____ State: _____ Zip: _____
Office Phone: () _____ Home Phone: () _____

Legal Release

I hereby release VOSH/California, its officers, mission leaders, members and team associates from responsibility for any accident, injury, sickness or death to me or any member of my family and/or loss of material items occurring during or as a result of the following VOSH relief trip to _____ on the following dates _____.

I further authorize VOSH/California, its officers, mission leaders or other designated personnel to release any pictures or stories about my participation on the mission to any news, radio, television or other media.

I further understand that returning this application does not guarantee my acceptance on the mission. That acceptance is dependent solely on the decision of the mission leader.

I understand that should it be necessary for me to cancel my participation, any refunds of airfare or other prepaid services will be strictly between the travel agent and/or carrier and myself. VOSH/California will not be responsible for return of any monies. There will be no refund of application fees.

I agree that I will participate for the full term of the VOSH relief trip. All post mission activities are OPTIONAL.

I HAVE READ, UNDERSTOOD AND AGREE TO THE CONDITIONS OF THIS MISSION.

Signed: _____ Date _____

Passport #: _____

Passport Date/City: _____

Country: _____

Return this form to: Your trip leader (name) _____

Fax:

Address: