

**PROPAPA MISSIONS AMERICA
BRIGADE VOLUNTEER MANUAL
Commitment & Insurance Form**

Brigade Name _____ Date of Brigade; Depart _____ Return _____

Brigade Captain _____

Your Name _____
(Print name exactly as it appears on your Passport)

Passport Number _____ Date Issued _____ Date Expires _____

Passport Issuing Authority _____

Name preferred on name tag [i.e. a nick name] _____

Address _____

Date of Birth; Month _____ Day _____ Year _____

Person to contact in case of an emergency;

Name _____ Relationship _____

Phone Number _____

Beneficiary [For travel insurance] _____

Relationship _____ Phone Number _____

Permission to photograph; I understand volunteers work in crowded quarters and photographs and film footage are often taken of Brigade activities. These are taken for personal use, clinical education and mission philanthropy efforts. My signature below attests to my permission to be included in such photos.

Commitment to Participate; I understand that monies are being spent in my behalf and a Brigade team is counting on my attendance. My signature below confirms my commitment to pay all trip fees, attend, and fulfill my team role.

Signature _____ Date _____