San Antonio Christian Medical & Dental Associations
Medical/Dental/Wheelchair Mission Trip
Del Rio, TX, March 20-21, 2015

TRIP LEADER: Scott Phillips, San Antonio CMDA Area Director

ACCOMMODATIONS: Ramada Del Rio, 2101 Veterans Blvd, Del Rio, Texas 78840; Phone 830-775-1511

NEED TO BRING:
1. **ID** – We will not be crossing the border on this trip so passports will not be an issue. **However, you must have ID (driver's license; international students need passport visa and other documents) with you.**
2. **Extra cash** for supper in route on Friday, Saturday supper, **and to help with gas expenses** if you ride with someone.
3. **Bring any professional equipment** you have including stethoscopes, BP cuffs, otoscope, headlamps, eyewear, etc.
4. Casual clothes, but no shorts; you can also wear scrubs.

TRANSPORTATION: Personal & church vehicles.

DEPARTURE TIME: Meet Friday afternoon, 5:15 pm, at the UTHSCSA Dental Visitor parking lot, or as arranged with Kellie.

WE ARE RETURNING: Saturday evening about 10 or 11:00 pm

COST: The basic fee for the trip is **$50.00 per person** (make checks payable to “San Antonio Area CMDA”). **If you prefer two persons/room accommodations, the fee is $60.00 per person.** These fees cover motel, breakfast & lunch on Saturday, trip accident insurance, and miscellaneous trip overhead. **You will need to bring about $25.00 additional cash for two meals in route and to help the person with whom you ride with gas expenses.**

REGISTRATION: Fill out the application below, and turn in, with your money, to CMDA. Graduates: Please include a copy of your professional license (if you have not already done so). **You are not officially registered for the trip until you have paid your money. Deadline for sign-up is Monday, March 16**th **(certain areas may fill up prior to that). If you cancel with less than 48 hours notice your trip fee may not be refundable.**

QUESTIONS AND EMERGENCY CONTACTS: Scott Phillips cell phone 210-823-9078; email cmdasatx@gmail.com  Kellie Hooker’s cell phone 210-601-3760; e-mail kellieh1954@gmail.com

*****

CMDA MISSION TRIP GUIDELINES

To serve the health & spiritual needs of the poor, to honor God, to spread the Gospel of Christ, to support the church in Del Rio

TRANSPORTATION

1. For purposes of fellowship and safety considerations, we will travel as a group or in groups of 3-5 vehicles, unless otherwise arranged with the mission trip coordinator. **It is very important for you to stay together as a group for reasons of safety both going down and returning.**
2. Drivers will receive written instructions or a map to the final destination before leaving San Antonio. This will include Scott’s and Kellie’s cell phone numbers, and the address and phone number of the motel where we will be spending the night.
3. The driver of the lead car in each group will be responsible to maintain visual contact with each following vehicle and will stop to wait if contact is lost.
4. **Drivers must be prepared to allow someone else to drive in the event that they are too tired or too sleepy to drive safely.**

CLOTHING

1. Mexican Christians tend to be very conservative about what is appropriate apparel. i.e. women never wear pants or shorts; men only wear pants. In deference to the cultural/religious mores of those we will be serving, we request that no shorts be worn by either men or women. Men and women should wear casual, modest clothing that you do not mind getting dirty. Scrubs may be worn while in the clinics. It is further requested that only basic jewelry be worn (wedding bands, class rings, etc).

BEHAVIOR/ATTITUDES

1. It is expected that you will be on your best behavior at all times, reflecting as best you can the love of Christ, as well as patience, kindness, humility, and joy in your service. For the duration of this mission trip, we ask you to refrain from the use of alcohol or tobacco.
2. One thing you need for sure is **flexibility.** Things often do not work out as planned no matter how well or far ahead they were planned.
3. **Under no circumstances will any team member leave the premises of the hotel Friday night without Scott or Kellie’s approval. It is a safety issue.**
MEDICAL/DENTAL MISSION TRIP APPLICATION
March 20-21, 2015, Del Rio, TX

______________________________  ____________________     ____  _____
______________________________  ____________________  
______________________________  ____________________  
______________________________  ____________________  

______________________________  ____________________  
______________________________  ____________________  
______________________________  ____________________  

______________________________  ____________________  
______________________________  ____________________  
______________________________  ____________________  

MD___DDS___RN___OTHER_____________________________ Fluent Spanish?__________

DS 1__ 2__ 3__ 4__ MS 1__ 2__ 3__ 4__  Other Type HSC  Student__________________________ Level________

Under Grad: __Fresh__Seph__Junior__Senior  Campus __________________________________________

____Pre-Med ___Pre-Dental ___ Pre-PA ___ Other __________________________________

Church Affiliation: ________________________________________________________________

I would like to serve on the:

___ Dental Team   ___ Medical Team   ___ Interpreter   ___Children’s Ministry   ____ Most Needed

I can take my car/truck/mini-van/suv: ____________ # Passengers __________

************
PAYMENT OPTIONS

Name ______________________________________________   Check _____ (payable to “San Antonio CMDA”)

(printed as on card)

_____ VISA _____ MasterCard   Card # _______________________________

Exp Date ________ Three Digit Code on back _________ Note: Credit card info not as secure by e-mail.

_____ Two person/room accommodations @ $60.00 per person $ ____________

_____ Three/four person/room accommodations @ $50.00 per person $ ____________

Total Charge $ ____________

Signature __________________________________________

STATEMENT OF RISKS - CERTIFICATE OF UNDERSTANDING

The Christian Medical and Dental Associations Mission Trip March 20-21, 2015, to Del Rio, Texas, is sponsored by said organization. However, any individual participating in this trip is doing so in an individual capacity and assumes sole responsibility for his/her actions, health, safety, and well-being. Risks might include, but are not limited to, exposure to disease, automobile accidents, theft of belongings, and personal accidental injury.

By signing below, I hereby certify that I have read and understand the above guidelines and statements regarding the nature of and inherent risks involved, and willingly participate in this trip in light of that understanding. I also understand that no organization, including the Christian Medical & Dental Associations, nor any of the organizational leaders involved in the implementation of said trip, including Scott Phillips and Kellie Hooker, are responsible for my safety or personal belongings, nor does any of the said organizations or organizational leaders assume responsibility for my actions or circumstances.

Signed: _______________________________     Date: _______________________________

Mail this completed application with your payment (please do not e-mail credit card information)
San Antonio Area CMDA, 7418 Eagle Ledge, San Antonio, Texas 78249