



Emergency Medical Information

Missionary Cenacle Volunteers

P.O. Box 35105
Cleveland, OH 44135
1-800-221-5740 Fax: 216-252-1661
Email address: info@mcv3.org
Apply online at www.mcv3.org

Applicant's Name: _____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Country: _____ Email: _____

Cell Phone: _____

Day Telephone: _____ Evening Telephone: _____

In case of emergency please notify:

Name: _____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Cell Phone: _____

Day Telephone: _____ Evening Telephone: _____

Relationship: _____

1. Blood type, if known _____

2. Are you currently taking any medication (even children's aspirin)? Yes No

If yes, what? _____

What is this medication taken for? _____

How often do you have to take the medication? _____

3. Do you have any allergies including medications? Yes No

If yes, to what? _____

4. Do you require a special diet? Yes No

If yes, please explain: _____

5. Are you currently under the care of a physician? Yes No

If yes, for what? _____

6. Do you have medical insurance? Yes No

If yes, please fill in the following:

Name of insurance carrier: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Policy #: _____

* If you do not currently have medical coverage, you can contact our office for information on temporary mission insurance.

** MCV Recommends that volunteers carry a copy of their health insurance card with them during mission service.

Address of your Doctor(s):

Name: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Telephone: _____

Name: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Telephone: _____

7. Do you have any lifesaving (swimming) training? Yes No

If yes, specify: Beginner Intermediate Advanced

Are you certified by the Red Cross in First Aid? Yes No

If yes, specify: Beginner Intermediate Advanced

Are you certified in Cardio Pulmonary Resuscitation (CPR)? Yes No

*If you are interested in certification in lifesaving (swimming), First-Aid, or CPR you can call your local Red Cross for the time and place of classes in your area.

I hereby affirm that the above information is accurate to the best of my knowledge.

I understand that by checking the box next to the words “I Accept” below and typing my name, I am signing this document electronically.

I Accept

Name

Date

Please return this completed form to MCV by **saving** it to your computer and **sending** it as an email attachment to info@mcv3.org.