



**Team Member Application:** Email complete application to [customerservice@nurseswithpurpose.org](mailto:customerservice@nurseswithpurpose.org) and submit registration fee.

Date: \_\_\_\_\_

Name (Must match passport) \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State/Province/District: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_ Email address: \_\_\_\_\_

Cell phone number: (\_\_\_\_\_) \_\_\_\_\_ May we text you? \_\_\_\_\_

What **Mini Mission** dates are you applying to? Please indicate dates of interest.

1) Johannesburg, South Africa (Mini Mission) Date: \_\_\_\_\_

Do you have a valid passport/applying? \_\_\_\_\_ Passport Expiration date? \_\_\_\_\_

Country of citizenship \_\_\_\_\_

Are you a returning Nurses with Purpose Member? \_\_\_\_\_ If yes, what country & year did you serve? \_\_\_\_\_

Will this be your first mission trip(s)? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, where have you traveled & what type of work did you do?

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How did you hear about Nurses with Purpose? If a person recommended you, please indicate their name so we can send a *thank you* \_\_\_\_\_

List any foreign languages you speak proficiently \_\_\_\_\_

What spiritual gifts, talents, or skills do you have that we may be able to utilize during our trip? (I.e. Singing, drawing, prayer, dance) \_\_\_\_\_

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T-Shirt Size (**sizes run small**) Small \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_ XXL \_\_\_\_\_

## Self-Ratings: 1-3 Not very well, 4-7 Moderate, 8-10 Very Well

Ability to adapt \_\_\_\_1\_\_\_\_2\_\_\_\_3\_\_\_\_4\_\_\_\_5\_\_\_\_6\_\_\_\_7\_\_\_\_8\_\_\_\_9\_\_\_\_10

Forego personal preferences to honor the culture into which you are going?

\_\_\_\_1\_\_\_\_2\_\_\_\_3\_\_\_\_4\_\_\_\_5\_\_\_\_6\_\_\_\_7\_\_\_\_8\_\_\_\_9\_\_\_\_10

Follow through with instruction and reporting?

\_\_\_\_1\_\_\_\_2\_\_\_\_3\_\_\_\_4\_\_\_\_5\_\_\_\_6\_\_\_\_7\_\_\_\_8\_\_\_\_9\_\_\_\_10

Flexibility and instant change? \_\_\_\_1\_\_\_\_2\_\_\_\_3\_\_\_\_4\_\_\_\_5\_\_\_\_6\_\_\_\_7\_\_\_\_8\_\_\_\_9\_\_\_\_10

Adjust to the possibility of extreme weather, odors, and deplorable conditions?

\_\_\_\_1\_\_\_\_2\_\_\_\_3\_\_\_\_4\_\_\_\_5\_\_\_\_6\_\_\_\_7\_\_\_\_8\_\_\_\_9\_\_\_\_10

High Stress levels? \_\_\_\_1\_\_\_\_2\_\_\_\_3\_\_\_\_4\_\_\_\_5\_\_\_\_6\_\_\_\_7\_\_\_\_8\_\_\_\_9\_\_\_\_10

Self- realization when you need to take a break and honor your feelings, mind and body?

\_\_\_\_1\_\_\_\_2\_\_\_\_3\_\_\_\_4\_\_\_\_5\_\_\_\_6\_\_\_\_7\_\_\_\_8\_\_\_\_9\_\_\_\_10

## Nursing or other professions:

Check Nursing credentials \_\_\_\_RN \_\_\_\_LPN \_\_\_\_NP \_\_\_\_Other\_\_\_\_

Other position/titles/profession\_\_\_\_\_

How many years' experience do you have? \_\_\_\_\_Specialty areas? \_\_\_\_\_

What state did you acquire your license? \_\_\_\_\_

Is your license active and in good standing? \_\_\_\_\_

Has your license ever been revoked? \_\_\_\_\_

Are you a nursing student? \_\_\_\_\_Anticipated graduation date? \_\_\_\_\_

Are you CPR Certified? List Expiration \_\_\_\_\_Are you a certified licensed CPR instructor? \_\_\_\_\_

If you are a certified licensed instructor, would you be willing to conduct a CPR refresher course?

\_\_\_\_\_

If NWP must perform a background check on you, do you have any opposition against this\_\_\_\_\_

## Health:

DOB: \_\_\_\_\_Height: \_\_\_\_\_Weight: \_\_\_\_\_

Blood Type (in case of emergency): \_\_\_\_\_Are you a smoker? \_\_\_\_\_

Are you active and healthy? \_\_\_\_\_

List ALL allergies in categories of Food / Medical / Environmental

\_\_\_\_\_  
\_\_\_\_\_

Please list any serious illness, injury, history of seizures, respiratory conditions or ailments that we may need to be aware of (this does not affect considerations)

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Are you presently on medication and/or require medication for life sustaining treatment? If so, please list.

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## Insurance:

Do you have healthcare insurance? \_\_\_\_\_ Name of Insurance Co: \_\_\_\_\_

Policy/Group Number: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**Medical Information:** Physician's Name: \_\_\_\_\_

Office Number: \_\_\_\_\_

|                                                                                                   |        |          |
|---------------------------------------------------------------------------------------------------|--------|----------|
| In case of emergent care, you allow NWP to seek medical attention for you at the nearest hospital | Yes/No | Initial: |
|---------------------------------------------------------------------------------------------------|--------|----------|

## Initial each box:

|                                                                                                                                                                                                                      |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| You understand that this medical mission trip is a volunteer enrichment program where you will volunteer at a makeshift clinic, orphanages/nurseries, rural settings/villages, schools, communities with home health |  |
| You understand that this medical mission trip is not a paid position                                                                                                                                                 |  |
| You understand that there is a selection process, and you will be interviewed?                                                                                                                                       |  |

|                                                                                                                                                            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| You understand that you may be waitlisted if not selected for the trip for which you applied?                                                              |  |
| You are aware and can sustain a 16++ hour flight and/or travel duration?                                                                                   |  |
| You understand you will be responsible for booking your own flight (NWP will guide & recommend group travel which is not guaranteed based on participants) |  |

|                                                                                                                                                                                                                              |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| You understand you are responsible for a non-expired passport & all required travel documentation                                                                                                                            |  |
| You understand that you are responsible for having up to date boosters, and required immunizations for the geographical area for travel<br><i>ie. Kenya &amp; Ghana require Yellow Fever vaccination &amp; anti-malarial</i> |  |
|                                                                                                                                                                                                                              |  |

**Reference:** List 2 work related references, with name, position, number, email:

| Name | Position | Contact No. | Email |
|------|----------|-------------|-------|
| 1.   |          |             |       |
| 2.   |          |             |       |
|      |          |             |       |

## Emergency Contact: Name/Number/Relation

| Name | Relation | Contact No. |
|------|----------|-------------|
|      |          |             |

**Attestation Statement:** By signing this application, I attest that the information is by me and true & correct.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Upon completion please email to:

customerservice@nurseswithpurpose.org