



Team Member Application: Email complete application to customerservice@nurseswithpurpose.org and submit registration fee.

Date: _____

Name (Must match passport) _____

Address: _____

City/Town: _____ State/Province/District: _____ Zip: _____

Cellphone Number: (____) _____ May we text you? _____

What mission trip country are you applying to? Please indicate dates of interest.

| COUNTRY | MISSION TRIP DATES |
|--|---------------------------|
| Johannesburg, South Africa (Signature mission) | |
| Johannesburg, South Africa (Mini mission) | |
| Kenya | |
| Guatemala <small>Spanish proficiency highly required</small> | |
| Ethiopia | |
| Cape Town, South Africa | |
| India | |
| Cambodia | |
| Other: | |
| | |

Do you have a valid passport or 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?



How did you hear about Nurses with Purpose? _____

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) _____

T-Shirt Size (**sizes run small**) S _____ M _____ L _____ XL _____ XXL _____ XXXL _____

Nursing or other professions:

Check Nursing credentials _____ RN _____ LPN _____ NP _____ Other _____

Other position/ roles/ 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 suspended/revoked? _____

Are you a nursing student? _____ Anticipated graduation date? _____

CPR Expiration? _____ Are you a certified CPR instructor? _____

If you are a certified license 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 category 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 consideration)

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

Insurance:

Do you have healthcare insurance? _____ Name of Insurance Co: _____

Policy/Group Number: _____ Telephone Number: _____

Medical Information: Physician's Name: _____

Physician Office Number: _____

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

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

Next Steps: Once we receive both application and \$75 registration fee, you will receive an acknowledgment within 24-48H to schedule your interview.