



Friends & Family Team Application: Email complete application to customerservice@nurseswithpurpose.org and submit \$75 registration fee for your application to be complete.

Date: _____ Referring Nurse: _____ Family Name: _____

Name (Must match passport) _____

Address: _____

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

Country: _____ Email address: _____

Cell phone number: (_____) _____ May we text you? _____

Please list family members attending that are under 18y.o. We will contact you for details.

Anyone 18 and above, please submit your individual application along with the registration fee.

Name:	Age:

Friends & Family missions are in Johannesburg, South Africa only. Please indicate dates of interest:

Johannesburg, South Africa Date: _____

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

Country of citizenship _____

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

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

Why do you want to become part of the NWP mission team?

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) _____

Circle as many interests as possible:

Motivational speaking	Mentorship	Organizing	Crafts	Art	Gardening
Painting	Handy man	Singing	Dancing	Prayer	Other (please list)

Leadership:

Tell us about any leadership positions or volunteer programs/events you have participated in.

Education:

Highest level of Education: _____ Did you graduate? _____ Degree obtained? _____

Occupation: _____ How many years? _____

Work History:

Employer _____ Telephone number: _____

Contact person: _____ May we call for reference? _____

Your position: _____ Dates of employment: _____

NWP requires a background check on all applicants, do you have any oppositions against this? _____

Health:

Are you active and healthy? _____ T-shirt size: _____ (runs small)

Height:	Weight:	Smoker:	Blood Type:
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List any 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 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: _____

Office Number: _____

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

Print Name: _____ Signature: _____

Date: _____

Upon completion, please email to:

customerservice@nurseswithpurpose.org

Submit the \$75 registration fee (children under 18y.o. waived)

Next Steps: Once we receive your **application** and the **registration fee**, you will receive an acknowledgment within 24-48H **Both** need to be submitted for complete registration