



Application Friends & Family: Please email completed form to customersevice@nurseswithpurpose.org

Date: _____ Mission Trips Dates: _____

Referring Nurse: _____

Name: _____

Address: _____

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

Email address: _____

DOB: _____ Cell phone number: _____ May we text you? _____

Do you have a passport or applying? _____ What is the expiration date? _____

Country of citizenship: _____

Have you ever attended a medical mission? Yes _____ NO _____ If so, please tell us a little about it.

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

Circle as many interests:

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? _____ Tshirt 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. _____

Reference:

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

1. _____

2. _____

Attestation Statement:

By signing this application, I attest that the information is by me, and true and correct.

Print / Sign /: _____

Date: _____