

**Team Member Application: Email complete application to** **customerservice@nurseswithpurpose.org**

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

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

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

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

What country are you applying for? South Africa \_\_\_\_ Kenya \_\_\_\_\_ Guatemala \_\_\_\_\_\_DRCongo\_\_\_\_\_\_\_

Dates of travel? Please give 1st and 2nd dates of interest. (please visit nurseswithpurpose.org website for dates)

Dates of Travel 1st Preference \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates of Travel 2nd Preferences\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you flexible on discussing other options if above dates are not available? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a passport/applying? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ What is the expiration date? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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? (Ie. Singing, drawing, prayer) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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, body?

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

**Nursing:**

Nursing credentials? \_\_\_\_\_\_\_\_\_\_\_\_\_\_RN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_LPN \_\_\_\_\_\_\_\_\_\_\_\_\_\_NP

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 oppositions 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 aliment 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.

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

In case of emergent care, you allow NWP to seek medical attention for you at the nearest hospital\_\_\_\_\_\_\_\_\_\_\_\_\_ (Yes/No) \_\_\_\_\_\_\_\_\_ Initial

Do you have medical insurance? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Travel insurance? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

T-Shirt Size (sizes run small) \_\_\_\_\_\_\_\_\_S\_\_\_\_\_\_\_\_\_\_M\_\_\_\_\_\_\_\_\_\_\_L \_\_\_\_\_\_\_\_\_\_XL \_\_\_\_\_\_\_\_\_\_XXL

Scrub Top Size \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Scrub Bottom Size \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Compression Socks: Circumference calf\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Circumference Ankle\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Initial in each box:**

|  |  |
| --- | --- |
| You understand that this medical mission trip is a volunteer enrichment program where you will volunteer in a variety of setting? Clinic, orphanage, rural settings/villages, schools, community |  |
| 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 wait listed if not selected for the trip in 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 recommend group travel which are 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 required immunizations for the geographical area for travel and general immunizations must be up to date |  |
| You understand that you are responsible for all fees associated with traveling? |  |
| You understand and are willing to get COVID 19 tested & provide proof of negativity within the established timeline for travel?  |  |
| You understand that if you test positive for COVID 19 or not able to provide a negative COVID-19 PCR test within government requirements prior to departure for the medical mission you will not be allowed to board the plane |  |

**Reference:**

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

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact:** Name/Number/Relation

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

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

Print \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sign \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Upon completion, please email to:**

customerservice@nurseswithpurpose.org

**Next Steps:** Once we receive your application, and submit your registration fee, you will receive an acknowledgment within 24-48H