



Team Member Application:

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 _____ DR Congo _____ Guatemala _____

Dates of travel? Please give 1st and 2nd dates of interest. (please visit nurseswithpurpose.com 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

Flexibility and adaptability ___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

Possibility of extreme weather, odors, and deplorable conditions?

___1___ 2___ 3___ 4___ 5___ 6___ 7___ 8___ 9___ 10

Nursing:

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

Nursing credentials? _____ RN _____ LPN _____ NP

How many years' experience? _____

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Has your license ever been revoked?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 CPR Certified/Expiration? _____ Are you a certified licensed CPR instructor? _____

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

Health:

Height: _____ Weight: _____ Blood Type: _____

Are you active and healthy? _____

Are you a smoker? _____

List ALL allergies in categories of Food / Medical / Environmental

Please list any serious illness, injury, history of seizures, respiratory conditions or ailment 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)

Do you have medical insurance? _____ Travel insurance? _____

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

Scrub Top Size (Cherokee Brands) _____

Scrub Bottom Size (Cherokee Brand) _____

Compression Socks: Circumference calf _____ Circumference Ankle _____

Answer YES/NO:

You understand that this medical mission trip is a volunteer enrichment program? _____

You understand that this medical mission trip is voluntary and 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? _____

You understand you will be responsible for booking your own flight (NWP will recommend team flights which are not guaranteed based on participants) _____

You understand you are responsible for non-expired & required travel documentation? _____

You understand that you are responsible for having required immunizations for the geographical area of travel and general immunizations up to date (NWP will supply list) _____

You understand and are willing to get COVID 19 tested & provide proof in a timely manner? _____

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, you will receive an acknowledgment within 24-48H

IMPORTANT**Please do not take a picture of your application and send in. It will NOT be accepted. It must be emailed/scanned to above email address.