



**Team Member Application: Email complete application to [customerservice@nurseswithpurpose.org](mailto: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 \_\_\_\_ DR Congo \_\_\_\_

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

Dates of Travel 1<sup>st</sup> Preference \_\_\_\_\_

Dates of Travel 2<sup>nd</sup> 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? (I.e. 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

High Stress levels? \_\_\_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? \_\_\_\_\_

If yes, 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:**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Type: \_\_\_\_\_

Are you active and healthy? \_\_\_\_\_

Are you a smoker? \_\_\_\_\_

List ALL allergies in categories of Food / Medical / Environmental

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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)

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

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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:**

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 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 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 and are willing to get COVID 19 tested & provide proof in a timely manner? \_\_\_\_\_

(con't)

You understand that if you test positive for COVID 19 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](mailto:customerservice@nurseswithpurpose.org)

**Next Steps:**

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