



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 _____ Ghana _____ Cape Town _____

Jozi/Cape Town Combo _____

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 or applying? _____ What is the expiration date?

_____ Are you a US citizen? _____

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

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Has your license ever been revoked?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 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) _____ 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 that you must provide proof of a negative COVID- 19 test and/or present proof of vaccination, if the country requires it for entry?	
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