



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 _____

Do you have a passport/applying? _____

Will this be your first mission trip? If no, where have you traveled? _____

How did you hear about Nurses with Purpose? _____

Nursing:

Nursing credentials? _____ RN _____ LPN _____ NP _____

How many years? _____

Are you a nursing student? _____

Specialty areas? _____

What state did you acquire your license? _____

Is your license active and in good standing? _____

Has your license ever been revoked? _____

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 effect 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? _____

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 current trip? _____

You understand that upon submission of the application it is NOT guaranteed that you will be selected based on interview, screening, and references _____

You are aware and can sustain a 16+ hour flight? _____

You understand that this will be the most enriching experience for your nursing career _____

(con't)

Reference:

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

1. _____

2. _____

Emergency Contact: Name/Number/Relation

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

Print / Sign /: _____

Date: _____

Upon completion, please email to:

calston@nurseswithpurpose.com

Thank you for being a Nurse with Purpose!