

**Team Member Application:** Email complete application to customerservice@nurseswithpurpose.org and submit registration fee.

Date:

Name (Must match passport) Address: City/Town: State/Province/District: Zip:

Country: Email address: Cell phone number: ( ) May we text you?

What **Mini Mission** dates are you applying to? Please indicate dates of interest.

1. Johannesburg, South Africa (Mini Mission) Date:

Do you have a valid passport/applying? Passport Expiration date?

Country of citizenship

Are you a returning Nurses with Purpose Member? If yes, what country & year did you serve?

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? If a person recommended you, please indicate their name so we can send a *thank you\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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, dance)

T-Shirt Size (***sizes run small***) Small M L XL XXL

# 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 and body?

 1 2 3 4 5 6 7 8 9 10

# Nursing or other professions:

Check Nursing credentials RN LPN NP Other

Other position/titles/profession

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 Has your license ever been revoked?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 opposition 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 aliments that we may need to be aware of (this does not aﬀect considerations)

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

# Insurance:

Do you have healthcare insurance? Name of Insurance Co: Policy/Group Number: Telephone Number: ***Medical Information:*** Physician’s Name:

Oﬃce Number:

|  |  |  |
| --- | --- | --- |
| In case of emergent care, you allow NWP to seek medical attention for you at thenearest hospital | Yes/No | Initial: |

# Initial each box:

|  |  |
| --- | --- |
| You understand that this medical mission trip is a volunteer enrichment program where you will volunteer at a makeshift� clinic, orphanages/nurseries, rural settings/villages, schools, communities with home health |  |
| 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 waitlisted if not selected for the trip for 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 guide & recommend group travel which is 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 up to date boosters, and required immunizations for the geographical area for travel*Ie. Kenya & Ghana require Yellow Fever vaccination & anti-malarial* |  |
|  |  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Position** | **Contact No.** | **Email** |
| **1.** |  |  |  |
| **2.** |  |  |  |
|  |  |  |  |

# Emergency Contact: Name/Number/Relation

|  |  |  |
| --- | --- | --- |
| **Name** | **Relation** | **Contact No.** |
|  |  |  |

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

Print Name: Signature:

Date:

Upon completion please email to: customerservice@nurseswithpurpose.org