



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 country are you applying to? Please indicate dates of interest.

1) Johannesburg, South Africa (Signature Mission) Date: _____

2) Cape Town, South Africa Date: _____

3) Kenya Date: _____

4) Guatemala; Spanish speaking highly required Date: _____

5) India Date: _____

6) Other: _____

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? (I.e. 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 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.

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 the nearest hospital	Yes/No	Initial:
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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 <i>ie. Kenya & Ghana require Yellow Fever vaccination & anti-malarials</i>	

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 and correct.

Print Name: _____ Signature: _____

Date: _____

Upon completion, please email to:

customerservice@nurseswithpurpose.org

Next Steps: Once we receive your *application* and *registration fee*, you will receive an acknowledgment within 24-48H Both need to be submitted for complete registration

Updated: 01/09/24