



**Team Member Application:** Email complete application to [customerservice@nurseswithpurpose.org](mailto:customerservice@nurseswithpurpose.org) and submit registration fee.

Date: \_\_\_\_\_

Name (Must match passport) \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State/Province/District: \_\_\_\_\_ Zip: \_\_\_\_\_

Cellphone Number: (\_\_\_\_) \_\_\_\_\_ May we text you? \_\_\_\_\_

Email address: \_\_\_\_\_

<b>Enter mission trip COUNTRY</b>	<b>MISSION TRIP DATES</b>
Johannesburg, South Africa (Signature mission)	
Johannesburg, South Africa (Mini mission)	
Kenya	
Guatemala <small>Spanish proficiency highly required</small>	
Ethiopia	
Cape Town, South Africa	
India	
Cambodia	
Other:	

Do you have a valid passport or 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?

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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, dance) \_\_\_\_\_

T-Shirt Size (**sizes run small**) S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_ XXL \_\_\_\_\_ XXXL \_\_\_\_\_

**Nursing or other professions:**

Check Nursing credentials \_\_\_\_\_ RN \_\_\_\_\_ LPN \_\_\_\_\_ NP \_\_\_\_\_ Other \_\_\_\_\_

Other position/ roles/ 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 suspended/revoked? \_\_\_\_\_

Are you a nursing student? \_\_\_\_\_ Anticipated graduation date? \_\_\_\_\_

CPR Expiration? \_\_\_\_\_ Are you a certified CPR instructor? \_\_\_\_\_

If you are a certified license 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 category of Food/ Medical/ Environmental \_\_\_\_\_

\_\_\_\_\_



Please list any serious illness, injury, history of seizures, respiratory conditions or ailments 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: \_\_\_\_\_

**Insurance:**

Do you have healthcare insurance? \_\_\_\_\_ Name of Insurance Co: \_\_\_\_\_

Policy/Group Number: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**Medical Information:** Physician's Name: \_\_\_\_\_

Physician 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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**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 & correct.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Upon Completion, please email to: [customerservice@nurseswithpurpose.org](mailto:customerservice@nurseswithpurpose.org)

**Next Steps:** Once we receive both application and \$75 registration fee, you will receive an acknowledge within 24-48H to schedule your interview.