



Integrating faith and healthcare.

Global
International
Missions
Application

**Health,
Hope, &
Healing**

GLOBAL INTERNATIONAL MISSIONS APPLICATION

Do you have a passport that will be valid for at least 6 months as of the departure date?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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You must mail, fax, or scan and email a copy of your passport to us. We will request the original once you are accepted to participate if required by the project site country. If you are not a US citizen you must obtain the necessary documentation in order to travel with the team from your country. **PLEASE NOTE: We cannot provide you with tickets until we receive all required signed forms, documents and fees. No Exceptions!**

REQUIREMENTS: All applicants and all Medical Professionals must provide the following.

- • \$200 Non-refundable registration fee. Trip fee of \$1,750.00
- • Copy of first page of passport (with at least one (1) additional photo)
- • Copy of professional diplomas.
- • Physicians: Hospital Privilege Letter, Curriculum Vitae, Board and Residency Diplomas, Current License/Certifications.
- • Students/Residents: Letter of good standing from Dean or Department Chair.
- • Nurses and Physician's Assistants: Current license copy.

APPLICANT INFORMATION

Last Name:			First Name:			Middle:		
US Citizen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Place of birth:	Birth date:	Age:	Sex	<input type="checkbox"/> M	<input type="checkbox"/> F
Height:	Weight:	Eye Color:	Eyeglasses:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Shirt/Scrub Size:		
Street address:				P. O. Box #				
City:			State:		Zip:		Passport#	
Home Phone:			Mobile:			Fax:		
Email:				Email Work:				
Marital Status:				Religious Affiliation:				

EMPLOYMENT INFORMATION

Employer:			Phone:			
Address:		City:		State:	Zip:	
Occupation:		Is this a health related field?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	

EDUCATION AND SKILLS

List type of skill, degree, or specialty

Describe the type of medical &/or non-medical skills you believe you will bring to the team. Physician (type of physician), nursing, dental, PA, eye, provider, technician, pharmacist, non-medical, clerical/pastoral, other skillset:

EMERGENCY CONTACT INFORMATION

Name:	Relationship:	<input type="checkbox"/> Spouse	<input type="checkbox"/> Parent	<input type="checkbox"/> Child	<input type="checkbox"/> Other		
Address:		City:		State:		Zip:	
Home Phone:			Mobile Phone:			Work Phone:	
Email:							

Other Information:

ADDITIONAL INFORMATION						
Do you speak another language?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	What Language?	Would you interpret?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you participated in a mission project previously?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Where:			

What do you envision yourself doing on this project?

Do you have any concerns or fears (What fears do you have)?

What motivated you to apply?

Describe (briefly) any spiritual gifts you may have:

How do you plan to finance this trip? (See website for sample fund raising letter)

PROVIDE A BRIEF BIO OF YOURSELF

PERSONAL HEALTH

The locations we visit are often extremely difficult environments to adjust to and to work in. Therefore, it is very important that you answer all of the questions concerning your health honestly.

Are you fit mentally, emotionally, and physically?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Physical Exam within the last year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been or are you being treated for anxiety / depression?	<input type="checkbox"/> Yes			<input type="checkbox"/> No	

See next page

If yes please give details for any anxiety, depression, or psychiatric conditions:

List all known allergies:

Are you a diabetic?

Yes

No

Do you have high blood pressure?

Yes

No

Blood type:

Any surgeries in the last 2 years?

Yes

No

What were they?

Dietary restrictions:

What is your Faith background?

Any Other Information or continuation from any areas above: