



Team Member Application

Name: _____

Enter your name exactly as it appears on your passport, If you have to apply for a passport, type the name exactly as you will put it on your passport application. Airline tickets must be purchased with the exact name as it appears on your passport to be valid.

Sex: M F

Street Address _____

City _____

State _____ Zip Code _____

Country of Citizenship _____

Passport number: _____ Expiration date: _____

Cell Phone Number _____

Home Phone Number _____

Email Address _____

Age: _____ Birth Date _____

Marital Status _____ If married, spouses name: _____

Number of Children and ages _____

Health Information

How would you describe your current health?

Excellent _____ Good _____ Fair _____ Poor _____

Please list all allergies:

Food: _____ Environmental: _____

Drugs: _____ Other: _____

Special dietary needs or food restrictions: _____

Height _____ Weight _____ Blood Type _____

Medications you are presently taking: (include name/dose/frequency)

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____

Have you suffered a serious illness or recent injury, had major surgery or recently been hospitalized for any reason: No Yes If yes, please explain:

Are you pregnant? No Yes

Do you have any physical restrictions or limitations? No Yes If yes, please explain:

Are you physically able to walk long distances? _____

Are you physically able to tolerate 8-10 hour flights? _____

Are you willing to obtain all necessary immunization and preventative medications? _____

In case of an emergency, please contact the person listed below:

Name _____ Relationship to applicant _____

Home Phone Number (____) _____ Cell Phone Number (____) _____

Nursing Experience

____ RN ____ LPN/LVN ____ APN

Nursing License number(s): _____ State: _____

_____ State: _____

_____ State: _____

Specialties or certifications:

How long have you been a nurse? _____

What areas of nursing do you have experience in?

Has your nursing license ever been revoked? No Yes If yes, explain:

Have you ever been convicted of a felony? No Yes If yes, explain:

Are you willing to submit to a Criminal Background Check, if required?

No Yes

Ministry Information and Experience

Have you been on any humanitarian or mission trips previously? No Yes
If yes, please describe (where, when, duties).

Describe any community service you have been involved in, if any:

Miscellaneous Information

Are you willing to sign a liability waiver? _____

Are you willing to participate in monthly conference calls for mission orientation? _____

Do you speak any language other than English? If so, what language?

Are you comfortable with attending a Christian worship service as part of the experience? _____ If not, explain:

What prompted you to inquire about a Nurses for Africa mission trip and what are you hoping to get out of the experience?

REFERENCE CHECKS:

Please list the name and phone numbers of two references, one professional reference and one personal character reference (do not list relatives)

Professional reference: _____

Cell Phone Number _____

Home Phone Number _____

Email address _____

Personal reference: _____

Cell Phone Number _____

Home Phone Number _____

Email address _____

I acknowledge that the information I have provided to Nurses for Africa is accurate and true.

Name

Date

T-Shirt Size: Adult: ___small ___med ___large ___X large ___XX large
(2 t-shirts are included in your trip costs and will be mailed to you several months before the mission.)