



Volunteer Application Form

Last Name	First Name	Middle Name	Male/Female
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Address

City	State	Zip Code
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Home Phone	Work Phone	Email Address
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Date of Birth	Marital Status	Second Language(s)
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Please provide one emergency contact:

Name	Address
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Phone	Relationship
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Professional:

Physician NP/PA Pharmacist Dentist RN/LPN CNA MA

Other: _____ Specialty: _____

If needed are you able to work outside of your specialty? Yes No

About you:

Please provide two personal references:

Name	Address	Phone	Relationship

Name of your church _____

Attended how many years? _____

Member of pastoral staff who knows you best _____ Phone: _____

Please provide a brief testimony or describe your spiritual walk: _____

What is your preferred area of ministry (Check one or more):

Provider Pharmacy Spiritual Interpreter Support Other _____

If necessary are you able to function in unusual or unsterile conditions? Yes No

Can you work long days if necessary? Yes No

Do you work well with others, and are you willing to maintain a patient, cheerful disposition even under difficult circumstances? Yes No

Have you ever been charged with or convicted of any crime including either a felony or a misdemeanor? Yes No

If yes please describe when and the nature of the charge: _____

Health History:

Do you have any medical conditions that could affect or restrict your participation in this medical mission? ____ Yes ____ No

If yes please describe: _____

ALLERGIES: Please describe the reaction and management of the reaction.

Medication allergies:	Reaction:
_____	_____
_____	_____
_____	_____

Food Allergies:	Reaction:
_____	_____
_____	_____
_____	_____

Other allergies:	Reaction:
_____	_____
_____	_____
_____	_____

Your Signature

A background check may be required.

World Mercy Teams
P.O. Box 756
Molalla, OR 97038