JAMAICA MISSIONS USA

Volunteer Application

Medical/Dental Mission
St. Elizabeth, Jamaica

Please submit application by **Sept 1**

Scan and email application to:
melissa.watson@jmusa.org

or Mail application to:
JMUSA
c/o Melissa Watson
7088 S. Richfield St.
Foxfield, Colorado 80016

or complete online at:
http://www.jmusa.org

APPLICANT NAME (as it appears on your passport)			
First Name		Last Name	
Preferred Name		Date of Birth mm/dd/yyyy	

Home Address							
City		State/ Province		Postal/ ZIP Code		Country	
Mobile Phone		Email Address					

MEDICAL/DENTAL/PHARMACEUTICAL VOLUNTEERS

Medical, Dental and Pharmaceutical professionals, please list your Area of Practice, Title, Degree:

Do you plan to participate in this capacity?	YES ☐	NO ☐	Status of Professional License at time of Mission Trip	Current ☐	Expired ☐

GENERAL HELPERS

What is your current or former occupation? If you are a student, what degree/field are you pursuing?

PASSPORT INFORMATION

A passport is required to travel to Jamaica. Your passport should be valid for a minimum of 6 months after completion of the mission. If it expires within 6 months following the mission, please renew your passport. If applying or renewing a passport, please keep in mind that we need your passport information 3 months prior to the start of the mission.

Do you have a passport?	YES ☐	NO ☐	Passport Number	
Country Issued by:			Passport Expires (mm/dd/yyyy)	
Name (first, middle, last) as it appears on your passport:				

EMERGENCY CONTACT

*In the event of emergency, who should we contact? Please list **someone not travelling with you**.*

Full Name		Relationship	
Email		Phone	
Address			

MISSION BACKGROUND

Will this be your 1st time to serve on a mission with Jamaica Missions USA?	YES ☐	NO ☐

Describe any other mission experience, when and where, if any:

There are numerous opportunities to share your talents and interests during the mission. Please indicate if you are willing to help in these areas. *Check all that apply:*

☐ Play a guitar or keyboard	☐ Pray with patients	☐ Record statistics
☐ Sing in a choir	☐ Teach children	☐ Doctor's scribe
☐ Assist at worship service	☐ Teach basic nutrition skills	☐ Runner/Patient escort
☐ Lead a short (5 min) devotion	☐ Teach basic health education	

☐ Other skills, gifts or talents that you can share (please specify):

PERMISSION TO USE PHOTOS AND VIDEOS

I agree to give Jamaica Missions USA permission to use my image and/or voice and grant Jamaica Missions USA all rights to use these photographs or recordings for educational, promotional, advertising, or other purposes that support the mission of Jamaica Missions USA:

☐ I agree ☐ I disagree

PROJECT PREFERENCE

Project you are applying for: ☐ **Jan 29 - Feb 6, 2027**

Mission Fee: $1200.00 US (Due Dec. 1) The mission fee is tax deductible and includes all meals, accommodations and in-country transportation. Airfare is not included.

Application Fee: $100 US (Due Oct.1) A $100.00 deposit is due with your application and will be credited toward your mission fee of $1200. Deposits are transferrable but non-refundable unless the mission is cancelled.

Please see our refund policy at www.jmusa.org.

SIGNATURE

Applicant Signature:	Date:
If applicant is a minor (less than 18 years of age), signature of parent or guardian is also required:	
Parent/Guardian Signature:	Date:
Print Name:	