



JAMAICA MISSIONS USA

Volunteer Application

Medical/Dental Mission
St. Elizabeth, Jamaica

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

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					
<i>Medical, Dental and Pharmaceutical professionals, please list your Area of Practice, Title, Degree:</i>					
Do you plan to participate in this capacity?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Status of Professional License at time of Mission Trip	Current <input type="checkbox"/>	Expired <input type="checkbox"/>

GENERAL HELPERS
<i>What is your current or former occupation? If you are a student, what degree/field are you pursuing?</i>

PASSPORT INFORMATION			
<i>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.</i>			
Do you have a passport?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Passport Number
Country Issued by:		Passport Expires (mm/dd/yyyy)	
Name (first, middle, last) as it appears on your passport:			

EMERGENCY CONTACT			
<i>In the event of emergency, who should we contact? Please list someone not travelling with you.</i>			
Full Name		Relationship	
Email		Phone	
Address			

MISSION BACKGROUND		
Will this be your 1 st time to serve on a mission with Jamaica Missions USA?		YES <input type="checkbox"/>
		NO <input type="checkbox"/>
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. <i>Check all that apply:</i>		
<input type="checkbox"/> Play a guitar or keyboard	<input type="checkbox"/> Pray with patients	<input type="checkbox"/> Record statistics
<input type="checkbox"/> Sing in a choir	<input type="checkbox"/> Teach children	<input type="checkbox"/> Doctor's scribe
<input type="checkbox"/> Assist at worship service	<input type="checkbox"/> Teach basic nutrition skills	<input type="checkbox"/> Runner/Patient escort
<input type="checkbox"/> Lead a short (5 min) devotion	<input type="checkbox"/> Teach basic health education	
<input type="checkbox"/> Other skills, gifts or talents (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:
<input type="checkbox"/> I agree <input type="checkbox"/> I disagree

PROJECT PREFERENCE
<i>Which project(s) are you applying for:</i>
<input type="checkbox"/> Feb. 7 – Feb 15, 2025 Mission Fee: \$1200.00 US. Payment due date: Dec 1.
The mission fee is tax deductible and includes all meals, accommodations and in-country transportation. Airfare is not included.
A \$100.00 deposit is required upon acceptance of 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:
<i>If applicant is a minor (less than 18 years of age), signature of parent or guardian is also required:</i>	
Parent/Guardian Signature:	Date:
Print Name:	