



JAMAICA MISSIONS USA

2020 Volunteer Application

Mail application and \$100.00 project
Deposit* payable to "JMUSA" to:

JMUSA

c/o Melissa Watson
7088 S. Richfield St.
Foxfield, Colorado 80016

APPLICANT NAME (as it appears on your passport)							
First		Middle		Last		Preferred Name	
Street Address							
City		State/Province		Postal/ZIP Code		Country	
Mobile Phone		Home Phone		Email Address			
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date of Birth (mm/dd/yyyy)		Religious Affiliation		
Occupation/Student/Retired?				Employer/School			
<i>If retired, please list former occupation.</i>							
PASSPORT INFORMATION							
<i>A passport is required to travel to Jamaica. If passport expires within the 6 months after completion of the mission, please renew your passport.</i>							
Do you have a passport?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		Passport Number			
Country Issued by:				Passport Expires			
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							
BENEFICIARY							
<i>JMUSA provides medical, evacuation, and accidental death insurance for each non-resident participant. In the unlikely event of death while serving with JMUSA, who is the person (beneficiary) life insurance benefits should be paid to?</i>							
First Name				Last Name			
MEDICAL/DENTAL/OPTICAL BACKGROUND							
SPECIALTIES: Check all that apply.							
<input type="checkbox"/> Anesthesiology	<input type="checkbox"/> Cardiology	<input type="checkbox"/> CCU	<input type="checkbox"/> Community Health				
<input type="checkbox"/> Emergency Services	<input type="checkbox"/> Endoscopy	<input type="checkbox"/> ENT	<input type="checkbox"/> Family Practice				
<input type="checkbox"/> General Surgery	<input type="checkbox"/> Home Health	<input type="checkbox"/> ICU	<input type="checkbox"/> Infectious Diseases				
<input type="checkbox"/> Internal Medicine	<input type="checkbox"/> Neurology	<input type="checkbox"/> OB/GYN	<input type="checkbox"/> Oncology				
<input type="checkbox"/> Ophthalmology	<input type="checkbox"/> Optometry	<input type="checkbox"/> Oral Surgery	<input type="checkbox"/> Orthopedics				
<input type="checkbox"/> Pediatrics	<input type="checkbox"/> Pharmacology	<input type="checkbox"/> Public Health	<input type="checkbox"/> Radiology				
<input type="checkbox"/> Urology	OTHER:						

CERTIFICATIONS: <i>Check all that apply.</i>					
<input type="checkbox"/> Dental Hygienist	<input type="checkbox"/> Dental Assistant	<input type="checkbox"/> Dentist	<input type="checkbox"/> Dietitian/Nutritionist		
<input type="checkbox"/> EMT	<input type="checkbox"/> Medical Resident	<input type="checkbox"/> Medical Student	<input type="checkbox"/> Nurse CNA		
<input type="checkbox"/> Nurse LPN	<input type="checkbox"/> Nurse RN	<input type="checkbox"/> Nurse Practitioner	<input type="checkbox"/> Optician		
<input type="checkbox"/> Optometrist	<input type="checkbox"/> Paramedic	<input type="checkbox"/> Pharmacist	<input type="checkbox"/> Pharmacy Asst/Tech		
<input type="checkbox"/> Physician Assistant	<input type="checkbox"/> Physician D.O.	<input type="checkbox"/> Physician M.D.	<input type="checkbox"/> Reg. Medical Assistant (RMA)		
OTHER:					
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"/>
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"/>
If yes, how did you hear about JMUSA?					
Please briefly describe what draws you to this mission:					
Describe any previous mission experience, when and where, if any:					
What mission skills, gifts, talents do you believe you might be able to bring? <i>Check all that apply:</i>					
<input type="checkbox"/> Play a guitar or keyboard	<input type="checkbox"/> Prayer partner	<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"/> General Helper			
<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. 28 – Mar. 7, 2020 (project donation: US \$995.00, includes \$100.00 deposit)					
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:					

* A \$100.00 deposit is required to process your application which will be credited against your total participant project donation. Deposits are transferrable but non-refundable unless the mission is cancelled. Please see our refund policy at www.jmusa.org