

JAMAICA MISSIONS USA

Required Forms & Documents		Physical Therapist		Due Date
		1st Time	returning	
JMUSA Application		X	X	Aug 15
Application deposit (\$100.00 USD)		X	X	Aug 15
Work Exemption Permit	Notarized ²	X	X	Oct 15
Short Term Volunteer Form		X	X	Oct 15
Waiver of Liability	Notarized ²	X	X	Oct 15
Copy of Passport page with your picture	Certified ¹	X	X	Oct 15
Passport sized photos		2 photos	2 photos	Oct 15
Headshot photo (.jpg format) for ID	emailed	X		Oct 15
PSM Form A	Notarized ²	?	?	Oct 15
PSM Form G	Notarized ²	?	?	Oct 15
Copy of Degree Certificate	Certified ¹	X		Oct 15
Copy of Current License	Certified ¹	X	X	Oct 15
Two written references (1 from your profession; 1 character reference)	Notarized ²	X	X	Oct 15
Flight Itineraries		X	X	Dec 1
Balance of mission fee (\$895.00 USD)		X	X	Dec 1
Health Information form		X	X	Feb 1

Notes:

(X) denotes required forms/documents

¹ Copies must be certified by a Notary Public

² Signature on forms must be notarized.

Mail all documents to:

JMUSA
c/o Melissa Watson
16350 E. Arapahoe Rd.
Suite 108, Box 190
Foxfield, CO 80016

Email address:

Questions, jpg photo and scanned
copies may be emailed to:

melissa.watson@jmusa.org