



# JAMAICA MISSIONS USA

## 2024 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							
<b>SPECIALTIES:</b> 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:** *Check all that apply.*

<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"/>
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**MISSION BACKGROUND**

Will this be your 1 <sup>st</sup> time to serve on a mission with Jamaica Missions USA?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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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? *Check all that apply:*

<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	

 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:

 I agree
  I disagree
**PROJECT PREFERENCE***Which project(s) are you applying for:*
 Feb. 23 – Mar. 2, 2024 total mission fee: \$1200.00 USD, includes \$100.00 deposit)
**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:

\* 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](http://www.jmusa.org)