



Restoring Hope. Transforming Lives. Impacting Change.

Thank you for your interest in participating in a short term medical service trip with Nurses for the Nations. In order to participate in a service expedition, you will need to complete the **Nurses for the Nations** professional process application. This is necessary to join our medical team, but may not necessarily guarantee a final position or spot on a particular trip. Sometimes, there may be space limitations connected with a particular international assignment. If this is the case (meaning, the number or threshold of applicants has been satisfied) on our part, you will be notified that the trip is 'closed.'

1. Fill out the entire application and return it to:

**Nurses for the Nations, Inc.
Professional Applicant Division
PO Box 577
Richmond Hill GA 31324.**

******Do not send your completed information over e-mail***

2. Sign the release and waiver from responsibility form
3. Fill out a '**Nurses for the Nations**' application for a criminal background check
4. Sign the release form to allow Nurses for the Nations to publish information and material related to the service team trip
5. Ensure the confidential personal references are completed
6. You must have three references, two professional and one personal
 - A. One reference should be from your place of employment (a supervisor or individual to whom you report)
 - B. One reference should be from a co-worker
 - C. A personal character reference should also be included (other than a family Member)
 - D. All three confidential reference forms **must** be completed by those individuals referring you and mailed to the above address.

All forms (including the reference forms) need to be completed in ***their entirety*** in order for a nursing, medical or ancillary candidate to be considered for a service assignment.

An interview will be required by phone or in person by a member of the Nurses for the Nations leadership team. Once you have been selected as a candidate for the national or international trip, you will be notified and required to hold your spot with a monetary deposit. This deposit is non-refundable unless the service trip has been put on hold, rescheduled or cancelled by National Headquarters. If for any reason, after you have been accepted for the assignment, you are unable to go, or have to withdraw for personal reasons, you would be responsible for any costs incurred up to the point of withdrawal.

We look forward to your application and desire to be a member of our global team!

We are available to answer any questions you have about the application process. You may call our main office at 912.756.2009 Mon-Fri 9A-5PM (EST) or e-mail us at info@nursesforthenations.org

Nurses for the Nations Application Form

(All candidates are required to complete an application form. Please make a copy for your personal records)

Your Signature on the application form will indicate your consent and understanding of the information below.

1. The information that I have provided to Nurses for the Nations is true to the best of my knowledge.
2. I have read the release from liability statement and understand the uncertainty and risks involved with serving in a medical or assistive capacity in international and/or national regions. I have had the opportunity to ask questions and sign this form acknowledging that all of my questions have been reasonably answered.
3. I understand that my signature indicates my release of Nurses for the Nations and all its officers, directors, team members and volunteers from any liability or for any injury that may occur during the service trip, any sickness or disease, any delays in the commencement or return trip with travel or any other claims related to loss of personal property or to my person in its entirety. This also includes release from liability from all and any possible claims of any kind. I certify I am of legal age and competent to sign this consent.
4. With consent and full understanding to this thereof, I in addition, freely sign my signature on the official **Release from Liability** form included in this packet.
5. I acknowledge my application fee deposit of 100.00 US dollars is non-refundable. I also understand that donated funds sent to N4N for the intended trip to support activities on behalf of our charitable services whether from the public or the applicant; up to the time of my non-participation or decision to stop, decline or non-participate for any reason, are also non-refundable.
6. In the event of any emergency, by signing this application form, I also agree to authorize the service Team Leader who is directing the medical service team for Nurses for the Nations, to work within my best interests as my agent in an emergency situation if I am incapable of making a reasonable or rational decision(s). This may include obtaining emergent hospital care treatments, dentistry care, needing surgical procedures or any other type measures or actions under the advisement of a licensed surgeon or physician, and or practicing dentist who would be available during the emergency situation to either care for, offer life-saving advice or administer actual hands-on care.
7. Nurses for the Nations will make every concerted effort to contact the person (s) listed on the application form noted as the main contact 'in the event of an emergency.'

Requirements necessary for completion of the Application Form

- A. All participating professionals: \$100.00 application deposit fee made out to Nurses for the Nations. Checks will be cashed after application and confirmation of participation is confirmed. The deposit is a good faith deposit and is (non-refundable)
- B. Photocopy of an active passport with picture
- C. Photocopy of any immunizations , inoculations or vaccines (e.g. Yellow Fever, Typhoid, Hep A+B, Tetanus) you have received
- D. Registered Nurses: **Copy of Curriculum Vitae**, current license and or certifications
- E. Medical Professionals: Copy of your current diploma and license, and certifications
- F. Physicians: Curriculum Vitae, DEA #, and list of surgical privileges if applicable

Signature _____ **Print** _____
Date of Signature _____

Nurses for the Nations Service Trip Application

Name _____ Sex: M F
(Last name) First name Middle Initial

Professional Title/ Degree _____

Name on Passport _____ Passport number _____

TRIP THAT I AM APPLYING FOR: _____

Dates of Trip _____

Full Mailing Address: Please print clearly

Home _____

Phone Number _____

Cell _____

Email address _____

FAX _____

Office _____

Business Phone Number _____

Business Email address _____

Place of Citizenship _____

Date of Birth _____

Please fill in all applicable information

Non-Nursing

Medical or Certified Specialty(s) _____

License or Certification Number _____ **State** _____

Board Qualification and Certification (what areas) _____

Has your medical license ever been revoked? (Check) No _____ Yes? _____

If yes - state reason why _____

Have you ever been arrested? Yes _____ No _____ **If Yes**

When _____ Where _____ Reason _____

Have you ever been convicted of a felony? Yes _____ No _____ **If Yes:**

When _____ Where _____ Reason _____

Nurses **Years of Nursing Experience** _____

RN License Number _____ **State** _____

Special Skills, Certifications _____

Has your Nursing license ever been revoked? (Check) No _____ Yes _____

If Yes - State when and why _____

Have you ever been convicted of a Felony? Yes _____ Date _____ No _____

If Yes: When _____ Where _____ Reason _____

Have you ever been arrested? Yes _____ Date _____ Reason _____

Bilingual or ability to speak foreign multiple languages (list) _____

Has your driver's license ever been revoked? Yes _____ When _____ No _____

If Yes: Reason _____

Fluent enough to act as an interpreter: Yes No (Circle)

Any Prior Medical or Humanitarian service experience? (Please list years and dates)

Year (s) _____ Date (s) _____

What region(s) _____ Duties _____

Nurses for the Nations Release from Responsibility Form

This release must be read and signed as part of the application process before participating or taking part in any National or International service trip with Nurses for the Nations, Inc.

I, the undersigned, am a participant in a national or international service trip on behalf of a Georgia Charitable Non-Profit Organization called Nurses for the Nations (OTHERWISE ALSO REFERRED TO AS N4N), and am taking part in this field trip at my own risk, which I voluntarily assume. I acknowledge that my participation may involve a test of my physical and mental limits. I also understand that as a participant in a national or international service trip on behalf of Nurses for the Nations, that working in other countries and/or cultures can potentially expose me and other individuals to ***unforeseen, possible or certain risks and/or hazards*** including but not limited to any and/or rare diseases, accidents, inclement weather, criminal acts, loss of property, or even death. It is impossible for Nurses for the Nations to predict or prepare participants for every circumstance they might face during the service trip.

We advise our N4N service team members that certain risks may be involved and request you seek out any information you believe is necessary for you to reach a confident and final decision to participate with Nurses for the Nations. By signing this release, you are acknowledging that you are satisfied with understanding all, or any, or specific assumed risks that might occur. You are also acknowledging that you are competent to sign this release and that your need for information to make an informed decision has been satisfied.

I, the undersigned, understand and agree that N4N, its officers, directors, servants, agents and employees (hereinafter the "Releasees"), will not be liable for any claims, demands, injuries, damages, actions, or causes of action arising out of or connected with my participation in a N4N Field Trip for loss, damage, or injury to me or my property, irrespective of how arising and however caused, including but not limited to all kinds and degrees or extent of negligence (except willful or wanton negligence or misconduct) on the part of the Releasees.

I agree not to institute any suit or cause of action at law or in equity, or in any form whatsoever, based upon, arising out of, or connected with my participation in a N4N Field Trip, irrespective of how arising and however caused, including but not limited to all kinds and degrees or extent of negligence (except willful or wanton negligence or misconduct) on the part of Releasees.

I acknowledge that N4N will have 'exclusive' rights over any publicity related to N4N.

I agree to refrain from delivering any news release, publicity or other public announcement, either written or oral, regarding N4N or my participation with N4N without the prior written consent of the President of N4N.

I give N4N permission to photograph, videotape, and/or audio tape me during any N4N activity, including the N4N Field Trip. I further give my permission for such photographs, videotapes, and audiotapes to be used in print or broadcast media as deemed appropriate for promotion of N4N.

Nurses for the Nations Release from Responsibility Form

This release must be read and signed as part of the application process before participating or taking part in any National or International service trip with Nurses for the Nations, Inc.

I, the undersigned, forever release and discharge from all liability; the officers, directors, servants, agents and employees (hereinafter the 'Releasees'), for any claims, demands, injuries, damages, actions, or causes of action arising out of or connected with my participation in a Nurses for the Nations assessment trip or service field trip.

I HAVE CAREFULLY READ THIS AGREEMENT TO HOLD HARMLESS, INDEMNIFY, COVENANT NOT TO SUE, AND RELEASE FROM LIABILITY, NURSES FOR THE NATIONS, AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A COVENANT NOT TO SUE, AN INDEMNITY AND HOLD HARMLESS AGREEMENT, A RELEASE OF LIABILITY, AND A CONTRACT BETWEEN ME AND NURSES FOR THE NATIONS, AND I SIGN IT OF MY OWN FREE WILL.

Signature _____
Printed Name _____
Address _____
Tel _____
Email _____
Today's Date _____



Applicant's Health Information

This application must be answered in its entirety. By signing this application I am acknowledging that the statements herein are true to the best of my knowledge.

In case of an emergency, please contact the person (s) listed below:

Name (s) _____

Address: _____

Relationship to applicant _____

Home Phone Number (_____) _____

Cell Phone Number (_____) _____

Please list all allergies (Food/Drugs/Environmental)

Food: _____

Drugs: _____

Environmental: _____

Other: _____

Special dietary needs or food restrictions: _____

Height _____ Weight _____ Blood Type _____

Medications you are presently taking (including herbs, non-traditional, vitamins)

| Name | Dose | Frequency | Reason |
|------|------|-----------|--------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |

Have you suffered a serious illness or recent injury, had major surgery or recently been hospitalized for any reason: **If YES, Please explain:**

Do you have any restrictions, limitations, or conditions you believe your physician would want us to know about? No (Circle) If Yes- Please Explain below:

Your Physician's

Name _____ Address _____

Office Number (_____) _____

Signature: _____ Print Name _____ Date _____



Nurses for the Nations Application Form for Personal Confidential References
Please answer every question in order for the candidate to qualify

This applicant _____ (Print Name) has applied to participate in a Nurses for the Nations charitable humanitarian field trip. Please complete this form. All of the information you give us will be kept confidential. All questions must be answered.

Return this form in a sealed envelope to:
Nurses for the Nations Headquarters
PO Box 577, Richmond Hill, Georgia 31324
Attention: Nurses for the Nations References

1. How long do you know this applicant and in what capacity?
2. List the applicant's strong qualities.
3. How would you rate the quality of the candidate's present work? (Please check)

Excellent _____ Average _____
Very Good _____ Poor _____ **(explain)**

4. Explain through one example, how you believe the applicant is a team player?

5. What do you consider the applicant's opportunities for growth and development?

I recommend this applicant for this humanitarian trip _____ (Check)
I do not recommend this applicant for this humanitarian trip _____ (check)

By signing this form, I acknowledge I am over 18 years of age.

Signature _____ Print _____
Address _____ Tel _____
Email _____
Date _____



Criminal Background Check Authorization Form

You have been accepted as a potential candidate to participate with Nurses for the Nations on a charitable medical service trip. N4N reserves the right to check backgrounds for criminal activity. In order to finalize the application process and on-boarding, **you must forward a copy of a criminal background check with this application.** It must be dated three days within mailing your application. You may obtain this record from a reputable on-line agency. In addition, N4N has the right to conduct its own criminal background check if warranted.

I (name) _____ hereby authorize Nurses for the Nations Officers and or Board of Directors, to conduct a national criminal background check on my behalf.

I am providing my full information including my:

Name: _____

Address: _____ (Please-No PO BOX)

County: _____

State: _____

Zip Code: _____

Social Security Number: _____

Date of Birth: _____

By signing this form, I am acknowledging that the information I have provided to Nurses for the Nations is accurate and true and I am freely giving consent for this background check if Nurses for the Nations deems it necessary. I also understand that any omission, verbal or written falsification or incomplete personal information that delays, impedes or is different from the application form and the results from this background check, will automatically disqualify me to participate in a medical trip with Nurses for the Nations. The initial non-refundable application fee will include the payment for the criminal background check if warranted.

Signature

Date

The result of this information will be kept in confidence and will not be distributed, published or made known to the public.