



Confidential Ministry Application

Trip Information

Trip Title: _____
Trip Date: _____
Today's Date: _____

Personal Information

Full Name (as on passport): _____
Passport Number: _____ Expiration Date: _____
Do you have a Bolivian visa? Yes / No Visa Expiration Date: _____
Preferred Name: _____
Sex: _____ Age: _____ Date of Birth: _____
Address: _____
City: _____ State: _____ Zip: _____
Marital Status: _____ Spouse's Name: _____ Age of youngest child: _____
Email: _____ Cell Phone: (____) ____-____

Nursing Information

Nursing Credentials: _____
Do you have any certifications? _____
Current Nursing Setting (Large or Small Hospital/Clinic): _____
Years of Experience in Current Field: _____
Years of Experience in the OR: _____
Scrub Experience: Yes / No
Surgical Specialties You Are Proficient In: _____
Preferred Role as an RN: _____
Years in Hospital Settings: _____
Critical Care Management Experience: Yes / No

Surgeons and Anesthesiologists

Are you a surgeon or anesthesiologist? _____
Specialty: _____
Board Certified? Yes / No Years of Experience: _____
What types of surgeries do you routinely perform/anesthetize? _____

Do you have international or missions experience? Yes / No
If yes, please describe: _____

Spiritual Background

Church Name: _____

Length of Attendance: _____

Pastor's Name & Phone: _____

Do You Have a Personal Relationship with Jesus Christ? Yes / No

Spiritual/Missions Reference Name & Phone: _____

Additional Information

Missions Experience: _____

Do You Speak Spanish? Yes / No Read/Write Spanish? Yes / No

Special Gifts/Talents: _____

Are you flexible and able to work efficiently with a variety of personalities? Yes / No

Are You Willing to Let Others Lead? Yes / No

Additional Requirements

Total trip cost is \$2500.00

Please mail a \$200 deposit when submitting this application.

\$1150.00 is due by February 1st so plane tickets can be purchased.

Remaining \$1150.00 is due by March 1st.

CV attached: Yes / No

Signature: _____

Date: _____