

Name: \_\_\_\_\_

# APPLICATION FOR PLACEMENT

(For individuals desiring to serve short-term in medical missions)



20 Hopewell Way NE  
Calgary, AB T3J 5H5  
Phone: (403) 250-6565 / 800-663-6500  
Fax: (403) 250-6567  
Email: [wmmcanada@samaritan.org](mailto:wmmcanada@samaritan.org)

**For Office Use Only:**

Update	_____
# of Apps	_____
Requested By	_____
Sent	_____
Returned	_____

revised 12/05

The completion of this form will enable World Medical Mission to consider you for short-term ministry in a Christian mission setting. Please answer all applicable information. All information will be confidential and will only be shared with appropriate personnel.

**GENERAL**

Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female  
Home Address: Street \_\_\_\_\_ Social Security No. \_\_\_\_\_  
City/Town \_\_\_\_\_ State/Prov./County \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_  
Office Address: Street \_\_\_\_\_  
City/Town \_\_\_\_\_ State/Prov./County \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_  
Where do you prefer to receive your mail?  Office  Home  Either  
phone calls?  Office  Home  Either  
Marital Status:  Married  Single  Divorced  Widowed  Remarried  Other  
Spouse's Name \_\_\_\_\_ Profession \_\_\_\_\_  
Name(s) and birthdate(s) of child(ren) \_\_\_\_\_

Emergency Contact(s) (Name, address, phone, relationship)  
\_\_\_\_\_

**HEALTH**

Your Health:  Excellent  Good  Fair  Poor  Other  
Comments \_\_\_\_\_  
Spouse's Health:  Excellent  Good  Fair  Poor  Other  
Comments \_\_\_\_\_

**EDUCATION**

High School/Secondary \_\_\_\_\_ Graduate:  Yes  No Year Completed \_\_\_\_\_  
College \_\_\_\_\_ Degree \_\_\_\_\_ Year Completed \_\_\_\_\_  
Other \_\_\_\_\_ Degree \_\_\_\_\_ Year Completed \_\_\_\_\_  
Medical \_\_\_\_\_ Degree \_\_\_\_\_ Year Completed \_\_\_\_\_  
Internship \_\_\_\_\_ Type \_\_\_\_\_ Year Completed \_\_\_\_\_  
Residency \_\_\_\_\_ Type \_\_\_\_\_ Year Completed \_\_\_\_\_  
Military Experience \_\_\_\_\_

**EMPLOYMENT/MEDICAL PRACTICE**

Occupation \_\_\_\_\_  
Job Description \_\_\_\_\_  
Do you wish to serve in this occupation?  Yes  No Other \_\_\_\_\_  
**Medical personnel complete this section:**  
Specialty(ies) \_\_\_\_\_  
Practicing:  Full-time  Part-time  Retired (20\_\_)  Student in \_\_\_\_ year  Intern  
 Resident in \_\_\_\_ year of \_\_\_\_ year program  To complete 20\_\_  
Board Certification(s) \_\_\_\_\_  
Current Staff/Faculty Appointments \_\_\_\_\_  
Current Medical License No. \_\_\_\_\_ Issued at \_\_\_\_\_ Expires \_\_\_\_\_  
Professional Organizations \_\_\_\_\_  
Are you presently involved in malpractice litigation?  Yes  No (If "yes," please explain ) \_\_\_\_\_

**RELIGIOUS AFFILIATION**

Current Church Home \_\_\_\_\_ Denomination \_\_\_\_\_  
Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_  
City/Town \_\_\_\_\_ State/Prov./County \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_  
Pastor's Name (pastor will be contacted for reference) \_\_\_\_\_  
Are you a member?  Yes  No, member of \_\_\_\_\_  
Your church activities/offices \_\_\_\_\_

Other religious, civic, community activities/organizations \_\_\_\_\_

**CHRISTIAN TESTIMONY**

Relate how and when you became a Christian.

What is your understanding of the basis of your salvation?

In your daily life, what does Jesus Christ mean to you?

Why are you seeking to serve in a Christian mission hospital or setting?

## MISSION INTEREST

How long can you serve? \_\_\_\_\_ No. of Weeks \_\_\_\_\_ No. of Months  Long-term

Would you be able to serve in an urgent medical crisis?  Yes  No

Estimate your response time:  Few Days  Less Than 2 Weeks  Less Than 2 Months

Evangelistic skills:  Christian Example  Personal Witnessing  Bible Teaching  Preaching

Assignment Preferences (if any):  Mission Hospital  Emergency Medical Relief  Either

Dates \_\_\_\_\_

Hospitals \_\_\_\_\_

Countries \_\_\_\_\_

Previous mission/overseas experience (agencies, places, dates)  
\_\_\_\_\_

Foreign languages? (state proficiency)  
\_\_\_\_\_

## TRAVEL

Do you desire World Medical Mission to assist you in arranging travel, visas, licensing, accommodations?  Yes  No

Are you able to finance your assignment?  Yes  No Comments: \_\_\_\_\_

Will you travel:  Alone  With Spouse  With Children (list names below)  
\_\_\_\_\_

Your Citizenship:  USA  Canada  Australia  United Kingdom  Other: \_\_\_\_\_

Do you have a valid passport?  Yes  No  Applied Current Immunizations?  Yes  No

Passport No. \_\_\_\_\_ Issued at \_\_\_\_\_

Date Issued \_\_\_\_\_ Expiration Date \_\_\_\_\_

Place of Birth \_\_\_\_\_

Please send two photos of each (as applicable):  Self  Spouse  Children

## REFERENCES

In order to promptly process your application, please provide complete addresses of references who may be contacted for **professional recommendations**. Residents or students should include department chairperson or advisor.

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_ State/Prov./County \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_ State/Prov./County \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Relationship \_\_\_\_\_

## STATEMENT OF FAITH

What a person believes is the foundation for both life and ministry. Please read carefully and prayerfully this statement of faith of World Medical Mission and, *if in agreement, print out this page, sign the application, and mail it to World Medical Mission, 20 Hopewell Way NE, Calgary, AB T3J 5H5.* If you do not agree, please explain your differences on a separate sheet for consideration by the placement committee.

1. We believe the Bible to be the inspired, the only infallible, authoritative Word of God. (II Timothy 3:15-17)
2. We believe that there is one God, eternally existent in three persons: Father, Son and Holy Spirit. (Matthew 28:19)
3. We believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal return in power and glory. (John 1:1-5; Philippians 2:5-11)
4. We believe that, for the salvation of lost and sinful man, repentance of sin and faith in Jesus Christ results in regeneration by the Holy Spirit and that Jesus Christ is the only way of salvation. (Titus 3:4-7; Ephesians 2:8-9; John 14:6; Acts 4:12)
5. We believe in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a Godly life. (Galatians 5:16-18)
6. We believe in the resurrection of both the saved and the lost; the saved unto the resurrection of eternal life and the lost unto the resurrection of damnation and eternal punishment. (Revelation 20:11-15)
7. We believe in the Spiritual unity of believers in our Lord Jesus Christ and that all true believers are members of His body, the Church. (Ephesians 1:22-23)
8. We believe that the ministry of the church and of each Christian is to be actively engaged in evangelism. (Romans 10:9-14; Acts 1:8)

## STATEMENT OF PRACTICE

The commitment of World Medical Mission is "to serve and not to be served." Serving on assignment means your agreement to the following:

1. I am willing to set aside personal preferences, habits and schedule in the interest of others to fulfill the ministry of the mission hospital to which I am assigned and to seek to win patients to Jesus Christ.
2. I understand there are variations in practice and understanding of Scripture in some areas of doctrine, Christian living and witness. In serving with World Medical Mission, I will abide by the standards of the hospital to which assigned in all areas including dress, entertainment, activities, etc. This includes a willing agreement to abstain from the use of alcohol, drugs, and tobacco and being sensitive to cultural, regional, church and hospitals expectations and standards.
3. I understand that hospitals served by World Medical Mission are Protestant evangelical mission hospitals in basic harmony with the World Medical Mission Statement of Faith. However, due to varied viewpoints on some Christian doctrine (examples: eschatology, spiritual gifts, security of the believer, etc.) in serving, I agree to refrain from promoting, discussing or practicing in public any doctrine, teaching or gift that is contrary to the beliefs, standards and practices of the mission hospital in which I may serve.
4. In cooperation with the hospital, I will seek to provide excellence in medical care and to present Jesus Christ as Lord and Saviour.

## RELEASE

I have read the World Medical Mission application and accept its provisions and agree to live, work, and serve in accordance with them. I, the undersigned, also realize that in accepting a term of volunteer service, it is with the clear understanding that World Medical Mission does not assume responsibility for loss of my property, damage to the same, personal harm or illness that may come to myself or those who travel with me. I, for myself, my heirs, executors, administrators, and assigns, in consideration of my admission to volunteer service and other good and valuable considerations, do hereby release and forever discharge World Medical Mission, its directors, officers, and employees from liability for any claim or demand which I or my heirs, executors, administrators, or assigns, might otherwise assert upon the basis of any of the foregoing. In volunteering, I recognize that I do not become an agent or employee of World Medical Mission in rendering my services and I agree to hold World Medical Mission harmless from any claim that might arise out of any acts performed by me while serving as a World Medical Mission volunteer.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Day Month Year

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Applicant for World Medical Mission  
Volunteer Service

## **Volunteer Mission Service Policies**

1. World Medical Mission is a ministry of Samaritan's Purse, a North Carolina non-profit organization that has qualified for tax-exempt status under the laws of the State of North Carolina and under the rules and regulations of the United States Internal Revenue Service. It is classified as a 501(c)(3) organization and is authorized to receive contributions that are tax deductible to the extent permitted by the Internal Revenue Code.
2. The principal purpose of World Medical Mission is to provide medical care for people in all parts of the world by enlisting physicians and other medical personnel to serve on short-term medical mission assignments; by refurbishing, building, and equipping hospitals; by encouraging, equipping, and training hospital chaplains; and by recruiting, training and preparing physicians and other individuals for assignments through meetings, seminars, retreats, and other informational programs.
3. Volunteers are responsible for meeting the cost of their assignments. Contributions to World Medical Mission may be designated for the expenses of individual physicians, dentists, and other volunteers, each of whom must be approved by World Medical Mission. Contributions may be made by individuals, churches, businesses, community organizations, and foundations. Checks should be made payable to World Medical Mission. All contributions to World Medical Mission or Samaritan's Purse are receipted and become irrevocable gifts to the organization, restricted to the funding of ministry assignments and purpose.
4. The Board of Directors of Samaritan's Purse has established policies which control the expenditures of all contributed funds and which provide detailed accounting to ensure their use in the work of World Medical Mission. The Board of Directors has established a policy that all contributions designated for a specific project may be assessed up to ten percent to be used for administering the gift.
5. World Medical Mission encourages the involvement of family members when possible. All persons requesting assignment through World Medical Mission must submit an application, and upon approval will receive a commission to serve. Commissioned family members must be at least 14 years old with a specific ministry responsibility. Persons commissioned by World Medical Mission will undertake their assignment as a representative of World Medical Mission. Acceptance of a commissioned assignment, however, does not in any way create an employment relationship, and World Medical Mission assumes no responsibility for compensation or loss in case of illness, accident, disability, loss of income, or liability imposed by reason of improper or negligent medical practice. World Medical Mission requires all volunteers to be covered by adequate health, life, and evacuation insurance.
6. Funds contributed for a volunteer's ministry or granted through scholarships may be used for the direct expenses of items that are accepted and approved for tax-deductible expenses under the rules and regulations of the Internal Revenue Service. These expenses generally include:
  - Transportation costs to and from home;
  - Procurement of passport, visa, immunizations, phone calls, etc.,
  - Lodging, meals, transportation, and airport fees while in transit;
  - Health, life, and evacuation insurance coverage; daily expenses, including food, housing, utilities, and other direct costs.

Volunteers are to provide necessary documentation (i.e., Volunteer's Request for Reimbursement of Business Expenses envelope with original receipts) for reimbursement by World Medical Mission no later than 30 days after returning from the assignment. No allowance can be made for gift items, souvenirs, sightseeing expenses, purchasing of personal clothing or effects, or other expenses not directly related to the mission assignment.

7. Commissioned volunteers are required by the Internal Revenue Service to submit an activity report following the completion of the assignment. These reports will help evaluate the effectiveness of World Medical Mission's present ministry, help determine future needs, and document the activities of all volunteers.