



When filling out the online application form, be sure to open in Adobe Acrobat Reader. Adobe Acrobat Reader is a free download from the internet.  
Note: If this form is filled out with Apple Preview it will not show the data correctly when opened later.

Date: \_\_\_\_\_ Medical trip applying for: \_\_\_\_\_

Last name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ DOB: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_ Your Country of Citizenship: \_\_\_\_\_

Home telephone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Gender  Male  Female

Marital status:  Single  Married Spouse's name: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_ T-shirt size: \_\_\_\_\_

Do you have a valid passport?  Yes  No Passport country: \_\_\_\_\_

What is your profession? \_\_\_\_\_

What is your specialty? \_\_\_\_\_

Are you flexible to work in a different part of your profession other than your specialty?  Yes  No If so, please specify.

How many years of experience do you have in your profession? \_\_\_\_\_

Are you currently working in your profession?  Yes  No

Are you currently licensed in your profession?  Yes  No

Medical license number: \_\_\_\_\_ State of issue: \_\_\_\_\_

Have you been on a foreign mission before?  Yes  No

If so, where and how long? \_\_\_\_\_

With whom? \_\_\_\_\_

Are you willing to refrain from smoking and/or drinking while participating on this outreach?  Yes  No

If necessary, are you able to function in an unsterile environment, such as working in a village or in a hut?

Yes  No



Do you work well with others? Yes No

Are you willing to get up early and go to bed late several days in a row? Yes No

Are you currently on any medication? If so, what: \_\_\_\_\_

Do you have any dietary limitations such as hypoglycemia, diabetes, etc.: \_\_\_\_\_

Please list any health issues that we should be aware of that would make it difficult for you to participate in this outreach. If you are taking any prescription medications for this issue, please include a letter from the physician caring for you that gives you written approval for you to travel and work internationally.

\_\_\_\_\_

Why do you feel you should be involved in this mission? \_\_\_\_\_

\_\_\_\_\_

Do you know any foreign languages and if so, which ones? \_\_\_\_\_

Name of your church \_\_\_\_\_

Member of pastoral staff who knows you best: \_\_\_\_\_

Phone number: \_\_\_\_\_

If your application is approved, do you have the necessary funding for the trip? Yes No

If not, what are you planning to do to raise the funds? \_\_\_\_\_

\_\_\_\_\_

Have you given your Pastoral Reference Form to your pastor? Yes No

How did you hear about this outreach? TV Ad Website Magazine \_\_\_\_\_ Email

Other \_\_\_\_\_

**Your application will not be processed until we have received all of the required documents, including your pastoral recommendation. Please send your completed application, along with a color copy of your certification and a color copy of your passport photo page to the address below.**

**NOTE: If you have already applied for or are renewing your passport, it is okay to submit your application before you have the new one on hand. Please make a note of that in the passport section, and send us your passport copy when you receive it.**

**Hand of Hope  
Medical Outreach Director  
P.O. Box 1350  
Fenton, MO 63026  
USA**

For Office Use Only

- Pastoral Recommendation  Security
- Approved  Not Approved
- Passport  License
- Doctor's release if needed

Approved by \_\_\_\_\_



Applicant's Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Application Date \_\_\_\_\_

Referral's Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
 Relationship to Applicant: \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Applicant, please fill in the above information only.

**The above applicant has submitted your name as a reference for a Medical Outreach.**

This recommendation form is to be completed by the applicant's (present or former) pastor. In the case that the applicant's father is the pastor, an elder or other church officer may act as pastoral reference. **SERIOUS CONSIDERATION** will be given to your evaluation. We value you as a reference concerning the applicant's character, experience, and aptitude for a Joyce Meyer Ministries Medical Outreach. Please provide us with as much information about the applicant as possible, so that we can accurately appraise their qualifications.

Your prompt cooperation by completing and returning this form (within 7 days) is greatly appreciated. Be assured that your responses will be held in strict confidence. Thank you.

Please fax form to (636) 717-0773 or scan and email to [medicalmissions@joycemeyer.org](mailto:medicalmissions@joycemeyer.org). You can also mail to: Hand of Hope, Attn: Medical Outreach Director, P.O. Box 1350, Fenton, MO 63026

Please answer the following questions:

1. How long have you known the applicant? \_\_\_\_\_

2. How well do you know him/her: Name/sight Casual Fairly well Very Close

3. Please assess the applicant's level of involvement in your church

Attends regularly Cooperative Interested Attends irregularly Involved Distant

Enthusiastic Willing to help Other: \_\_\_\_\_

4. Has the applicant served your congregation in any capacity? If so, please give a brief description: \_\_\_\_\_

5. What are the strengths and gifts of the applicant according to your observations? \_\_\_\_\_

6. What is your assessment of the applicant's weaknesses/struggles? \_\_\_\_\_

7. Please comment briefly on the family and social background of the applicant: \_\_\_\_\_

8. Is the applicant physically able to work long hours in a potentially hot climate? Yes No Don't know

Please explain: \_\_\_\_\_

9. Has the applicant proven on any occasion to be unreliable, dishonest, or questionable in character?

Yes No If yes, please explain: \_\_\_\_\_

10. As far as you know has the applicant ever been arrested for any offense other than a minor traffic violation? Yes No If yes, please explain: \_\_\_\_\_

11. To your knowledge, has the applicant ever been involved in drug abuse? Yes No

If yes, please explain: \_\_\_\_\_



12. To your knowledge have you known the applicant to abuse alcohol? Yes No

If yes, please explain: \_\_\_\_\_

13. To your knowledge, have you known the applicant to use tobacco? Yes No

If yes, please explain: \_\_\_\_\_

14. Would you have the applicant on your staff? Yes No

Why or why not? \_\_\_\_\_

15. Please assess the following based on your knowledge of the applicant.

	Uncertain or Not observed	Weak	Fair	Good	Very Good	Outstanding
Spiritual Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Devotion to Christ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity and Honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Openness to correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to serve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deals with interpersonal conflicts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to handle stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Positive, Contagious spirit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courtesy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teachability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Team Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments on any of the above: \_\_\_\_\_

16. On the basis of the above information the applicant is:

- Strongly Recommended
- Recommended with confidence
- Recommended with reservation
- Not Recommended

Signature of Reference \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Additional Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_