



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. 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:
