



Dear Applicant,

Greetings from the Mercy Ships International Operations Center in Garden Valley, Texas. We appreciate your interest in serving with us. To apply for a position or educational course at any of our Mercy Ships operating locations, please read and follow these instructions carefully.

Things to Know Before Applying:

- Applicants must be at least 18 years old at time of service.
- Due to maritime medical regulations and other circumstances, those with certain disabilities and/or health histories may not be able to serve with Mercy Ships.
- Long and short-term staff and volunteers are required to provide/raise their own funds to cover staff fees, transportation, and health insurance. If you apply for and accept a position, you will be responsible to ensure that adequate funding is in place to complete your term of service with us.
- **Health Insurance is required.** You will be responsible to provide proof of basic health insurance coverage while serving with Mercy Ships. If you do not have sufficient coverage, a basic plan can be purchased through Mercy Ships. Additional information will be in your acceptance pack.
- The likelihood of successful placement will be increased if you can be flexible as to *where* you want to serve and/or *what* you want to do as some positions and timeframes are in high demand.
- Short-term Volunteers can apply for two weeks up to one year; however, applications for four weeks or longer will be preferred for most positions.
- Before applying for a *long-term staff position*, the following is **required**:
 - Attendance at an *Introduction to Mercy Ships* program
 - Completion of approved entry course
 - Commitment to a minimum of two years of service
- Once we receive your completed application, we will review it in light of our open positions, housing availability, your qualifications, and the needs of our various locations. Upon formal acceptance from Mercy Ships, you will receive an acceptance package which outlines the details of your position, costs, immunizations required, travel information, etc.
- ***Please DO NOT make travel arrangements until you receive your acceptance package.***

Completing and Submitting your Application:

- All forms should be completed in black ink or type-written. Use clearly printed English.
- Please send in the following, with your completed application:
 - ✓ A current resume or CV
 - ✓ Copies of professional, medical, technical, or mariner licenses or certificates, as required
 - ✓ A \$40 US non-refundable processing fee per household (Make checks payable to Mercy Ships.)
- A current *Personal Health History* and *Physical Evaluation* are required for all applicants, including accompanying children (see attached forms).
- A recent (non-Mercy Ships) physical evaluation (completed within the last 12 months) may be acceptable *if* there has been no change in your health history since the evaluation was completed and the form provides enough information to establish a sound, medical review.
- Qualified mariners may submit their current maritime physical information.
- Three references are required prior to acceptance. However, if you are retired, unemployed, or do not have a pastor, please return the reference form blank with a note of explanation.
- Application and placement processing is usually done in four to six weeks once the **completed** application and all forms have been received.
- Please make a photocopy of your entire application for your records before mailing.

Please return entire application packet to: Mercy Ships,
Human Resources
PO Box 2020
Garden Valley, TX 75771
USA

Or application may be faxed to: (903) 939-7114
(send \$40 application fee to above address)

For more information, please refer to www.ms-information.org or contact us at jobs@mercyships.org or (903) 939-7074.

Thanks again for your interest in serving with Mercy Ships.

Human Resources Department
Mercy Ships

Mission Statement

Following the example of Jesus, Mercy Ships brings hope and healing to the forgotten poor.



Ways to Get Involved

Short-Term Opportunities – 2 weeks to 1 year

Requires individual to raise or provide their own support

Cost: Varies by location and length of service

Locations:

International Operations Center (Garden Valley, TX)

m/v Africa Mercy (on location)

Sierra Leone (Sierra Leone, West Africa)

Mercy Teams (on location)

Career (Long-term) Opportunities – 2 years or more

Requires individual to raise or provide their own support and the successful completion of a Mercy Ships entry program (or its equivalent)

Cost: Varies by location

Locations:

International Operations Center (Garden Valley, TX)

m/v Africa Mercy (on location)

Sierra Leone (Sierra Leone, West Africa)

National Offices

International Operations Center (IOC) – Mercy Ships International Operations Center is located on 400 acres in East Texas. There are opportunities to serve short term or in a career capacity with several departments including Marine Operations, IT, Human Resources, Accounting, HealthCare Services, Marketing, Agriculture, and Procurement.

m/v Africa Mercy –We are currently taking applications to serve on the largest non-governmental hospital ship which plans to begin its inaugural field service in Ghana in June 2006. Positions are available in Marine Operations, Programs, HealthCare Services, Stewards, and Administration. Most positions require a commitment of 4 weeks or more.

Sierra Leone – After 10 years of civil war, Sierra Leone, West Africa, is the world's poorest country and has been designated by Mercy Ships for long-term assistance through the permanent land-based programs of Mercy Ships Sierra Leone, New Steps holistic rehabilitation program and Aberdeen Clinic and Fistula Centre - a small hospital specializing in VVF surgeries. We typically have positions available for surgeons, nurses, and physical therapists that are willing to commit for 3-6 months.

Mercy Teams – Teams from church, school, and civic organizations engage in focused practical projects, which may include building and renovation, community health and medical clinics in a variety of locations including the US, West Africa, and Central America. Duration is usually 8 days to 2 weeks. Cost varies depending on location. For more information, please e-mail mercyteams@mercyships.org.

National Offices – Mercy Ships has 14 National offices worldwide which provides support to our international operations. Often our offices have various administrative positions available in support operations.

Please note all applicants must be at least 18 years old and in good health (a physician's evaluation is required for service out of the US).

Mercy Ships Courses:

Introduction to Mercy Ships – One week program designed to provide in depth information to anyone who is considering serving with Mercy Ships. Offered in January, April and August each year at our International Operations Center in Texas and several times per year at our office in Rotterdam. Cost is \$160/person or \$230/couple.

Please e-mail introms.ioc@mercyships.org for more information.

Gateway – Three month entry program (2 months of lecture and 1 month of field service) for those planning to join Mercy Ships in a career (long-term) capacity. Purpose is to educate, equip, and empower staff for service among the poor. Topics covered include Cross-cultural studies, Personal and Interpersonal Dynamics, and Faith Foundations. Offered at Mercy Ships International Office. Cost is \$3863/person and includes tuition, housing, food, and travel costs to and from field service location. Successful completion of this course is a prerequisite for career (long-term) service with Mercy Ships.

Please e-mail gateway.ioc@mercyships.org for more information.

Segue - Six month entry level course for those 18-30 years old who are either considering a career with Mercy Ships or looking for an opportunity for personal development and foreign service. Segue begins onboard a Mercy Ship and is comprised of three months of pre-service education followed by one month of language learning ashore, and concluding with two months of field work in a developing nation. For more information, please go to <http://www.segue-course.org>.

Community Development Multi-Track Workshop – Five day program provides practical training in the areas of Agriculture, Basic Construction, Water/Wastewater and Basic Health. Open to anyone interested in community development especially those who anticipate serving in a cross-cultural setting. Cost is \$350 which includes tuition, housing and food and is offered several times per year.

Please e-mail educate@mercyships.org for more information

Navigating Medical Missions - One-week seminar for individuals preparing to serve in a health care role in developing nations. Covers the biblical basis for health care, responsibility to the poor, women and health, nutrition, tropical diseases, cross cultural adaptation, water and sanitation, dental care, spiritual preparation for the mission field. Offered at Mercy Ships International Operations Center four times per year. Cost is \$575 which includes tuition, housing and food. Accredited with CEU's and CME's.

Please e-mail educate@mercyships.org for more information.

Preparation for Medical Missions - Four-week course designed to prepare health care professionals to serve in medical missions. Covers the biblical basis for health care, responsibility to the poor, women and health, nutrition, cross cultural adaptation, water and sanitation, dental care, tropical diseases, developing community health care programs, community health education (taught by Medical Ambassadors International). Accredited with CEU's and CME's. Offered at Mercy Ships International Operations Center once/year. Cost is \$2000 which includes tuition, housing and food.

Please e-mail educate@mercyships.org for more information.

Global Missions Health Institute - Offers two medical training programs (Track I & Track II) in San Pedro Sula, Honduras several times per year.

Track I is geared towards medical professionals in learning the World Health Organization standards on child health practices.

Track II is geared towards those seeking training in community health development in a 'Training the Trainers' Program.

Each track includes a lecture phase and clinical component, allowing opportunities to put newly gained knowledge into practice with a Biblical Perspective. Cost of the program is \$990.00 and includes tuition, housing, food, and ground transportation.

Please email healthtraining.ca@mercyships.org for more information.

For more information regarding any of these opportunities including more specific costs, positions available, frequently asked questions, or to download an application, please visit our website www.ms-information.org or call our HR department at 1-800-772-7447.



Application

Office use only

PS#

Today's Date: _____
(month/day/year)

Name: _____
(last/surname) (first) (middle) (preferred)

Complete Address: Street: _____
City: _____ State: _____
Zip/Postal Code: _____ Country: _____
Email: _____

Phone Numbers (include Country/Access Code)

Home: _____ Work: _____
Fax: _____ Alternate: _____

Date of birth (month/day/year): _____ Gender ☐ Male ☐ Female
Marital Status: ☐ Married ☐ Separated ☐ Divorced ☐ Widowed
☐ Single If Separated, Divorced, or Widowed, when: _____ (month/year)
If married, is your spouse applying? ☐ Yes ☐ No Spouse's name: _____

Please list below dependent children who would serve with you: **NOTE: Shipboard housing for families is very limited and generally not available for short-term volunteers.** For children who will be attending Mercy Ships Academy on board a ship, additional information will be requested at a later time.

Child's name	Birth Date (month/day/year)	Gender	Year in school	Special needs
		<input type="checkbox"/> M <input type="checkbox"/> F		
		<input type="checkbox"/> M <input type="checkbox"/> F		
		<input type="checkbox"/> M <input type="checkbox"/> F		

Complete the following current and valid passport information. Passport required for international travel:

Passport #: _____ Place of Issue/Authority: _____
Issue Date (month/day/year): _____ Expiration Date (month/day/year): _____ Country of Citizenship: _____

MAKING APPLICATION FOR:

<input type="checkbox"/> Short-term (2 weeks up to 1 year)	<input type="checkbox"/> A Mercy Ships Course	<input type="checkbox"/> Career (Long-Term) Staff (2 years or longer)	<input type="checkbox"/> Mercy Team
I am applying to serve: (Indicate length of time in weeks, months, or years)		_____ (Weeks/Months/Years)	
The dates I am available: (Required in order to process application)		From: (month/day/year) _____ To: (month/day/year) _____	
Position I desire: _____ See http://www.ms-information.org for a listing of positions available. Please list first and second choices.			

EDUCATION

Please list schools (secondary/high school/technical/college/university/seminary) you have attended. For Mercy Ship or Youth With A Mission (YWAM) courses, include both lecture and outreach phases. Attach additional pages as needed.

Name of school	Location	Dates attended	Diploma/Degree

PROFESSIONAL LICENSES OR CERTIFICATIONS

Please list current professional, medical, technical, or marine licenses/certificates you hold. Please include copies with your application.

Type/class	Nationality/State

WORK EXPERIENCE

Please list your last 3 employers – include Resume or CV.

Employer	Position	Dates served
1.		
Address:		
2.		
Address:		
3.		
Address:		

SKILLS CHECKLIST

Please check the skills listed below which you feel you are most qualified to use in Mercy Ships. **Please include all specifics in your attached Resume / CV.**

- ☐ Marine Operations (Qualified Mariners, etc)
- ☐ Maintenance (Welder, Plumber, Carpenter, Mechanic, etc)
- ☐ Administration (Receptionist, Executive Assistant, HR Generalist, Data entry, etc.)
- ☐ Accounting (Accountant, Bookkeeper, clerk, etc.)
- ☐ IT (Computer Programmer, AV Tech, Systems Analyst, etc.)
- ☐ Business Professional _____
- ☐ Community Development (Construction, Agriculture, Well-drilling, etc.)
- ☐ Health Care Professional
- ☐ Communications (Print, Media, videographer, Public Relations, etc)
- ☐ Education/Training (School teacher, Pre-school/Nursery, etc)
- ☐ Service Industries (Cook, Housekeeper, Hospitality host, Seamstress, Hair stylist)
- ☐ Other (please list below)

Please list any other talent, skill, certification, or professional qualification you'd like us to know about:

LOCATION PREFERENCE Indicate your 1st, 2nd, and 3rd choice of where in Mercy Ships you would like to serve. Please visit www.ms-information.org for current itineraries of all ships and opportunities at our land-bases.

Ship-Based:

	m/v Africa Mercy
	m/v Anastasis

Land-Based:

	International Operations Center (IOC) - Texas
	Sierra Leone, West Africa
	Other _____

COURSES IN MERCY SHIPS Are you applying for a Mercy Ships education course? If No, skip to Language Skills. Please visit www.ms-information.org for details about each of these programs (description, dates offered, costs, etc.).

Check the course(s) for which you are applying:

Mercy Ships Course	Duration	Location	Date Preferred
Introduction to Mercy Ships	One Week	Texas - IOC	
Gateway (Entry Program)	Three Months	Texas - IOC	
Segue (Entry Program)	6 months	To be Determined	
Preparation for Medical Missions	Four Weeks	Texas - IOC	
Navigating Medical Missions	One Week	Texas - IOC	
Community Development Workshop	One Week	Texas - IOC	
Other - _____			

LANGUAGE SKILLS

Language	Conversational Ability to handle basic communications	Proficient Ability to converse and comprehend in-depth conversations	Fluent Equivalent to a native speaker
English (Required)			
Other:			
Other:			

CROSS-CULTURAL EXPERIENCE Please describe any experience you have living/working outside of your own culture:

PLEASE ANSWER THE FOLLOWING QUESTIONS

- ☐ Yes ☐ No Have you ever applied for and/or served with Mercy Ships in the past? If yes, when? _____
- ☐ Yes ☐ No Do you have any relatives/friends who have served with Mercy Ships? If yes, whom? _____
- ☐ Yes ☐ No Are you aware that Mercy Ships is a volunteer, non-salaried organization?
- ☐ Yes ☐ No Are you able to raise the financial support necessary to serve with Mercy Ships?
- ☐ Yes ☐ No Have you ever been denied an entry visa? If yes, where? _____
- ☐ Yes ☐ No Have you ever been convicted of a criminal offense? If yes, please explain below.
- *Please note: Background checks will be done or requested for certain positions**
- ☐ Yes ☐ No Are there any circumstances (medical or other) which could interfere with your meeting the requirements of the position or educational program for which you are applying? If yes, please explain:

How did you hear about Mercy Ships: ☐ Website ☐ Friend ☐ Magazine ☐ Ship visit ☐ Conference ☐ Other

PERSONAL PROFILE

1. Name of church you currently attend: _____

2. Please explain why you wish to serve with Mercy Ships:

3. In Mercy Ships we seek to follow the example of Jesus. Please explain what Jesus means to you:

AUTHORIZATION

While this application may be submitted to any Mercy Ships office, it will be processed at the Mercy Ships International Operations Center in Garden Valley, Texas, USA, I request that this application for service, and any additional information requested, be forwarded to the Mercy Ships International Operations Center. I hereby consent and authorize an investigation of my past and/present employment relative to any matters contained in my application and any matters relevant to consideration of my service by the Mercy Ships. I hereby waive any and all notice of disclosures required by my past and present employer(s).

In consideration of possible service by the Mercy Ships, I hereby release and forever discharge the Mercy Ships, my past /present employer(s) and there respective parents, subsidiaries, and successors for any and all actions, which may result for any information that is lawfully provided concerning my past employment and /or present employment. I certify that all statements given on this application are correct with no omissions.

Applicant Signature

Date (month/day/year)

Printed name

Personal ID or Social Security Number

Mercy Ships is an Equal Opportunity Employer, and conducts hiring without regard to race, color, ancestry, citizenship, age, sex, marital status, or disability of an otherwise qualified individual. In addition to being a 501(c)(3) tax-exempt corporation, Mercy Ships is also a faith based religious organization. As a faith based religious organization pursuant to the Civil Rights Act of 1964, 78 Stat.255, Section 702 (42 U.S.C. @2000e), Mercy Ships has the right to and does hire candidates who agree and fully attest to our Statement of Faith.



STANDARD MEDIATION AND COVENANT AGREEMENT for Long-Term Staff

Mercy Ships is an inter-denominational and inter-confessional movement of Christians from many traditions dedicated to serving the poorest of the poor with the love of Christ and acts of service as part of fulfilling the Great Commission. Our core values are that we love God, we love and serve others, we are people of integrity and we are committed to excellence in all we say and do.

Mercy Ships is constituted as an international religious order. It was organized as a corporation under the laws of the state of California for the purpose of carrying out the Great Commission of Jesus Christ found in Mark 16:15, Matthew 25:35-40, and Matthew 28:19,20. It invites qualified people who are committed for 2 or more years of service and dedicated to that purpose to become members of the Religious Order (Members) to become part of the mission of the Great Commission.

It is expected, therefore, that individuals who are called to become Members freely and voluntarily contribute and dedicate their labors, their talents, and their life's purpose to Mercy Ships' efforts to carry out the Great Commission and Members are also expected to practice subordinating all worldly and personal ambitions to a commitment to fulfill the Great Commission.

With that calling and dedication in mind, it is understood that the individual whose name appears below hereby applies to become a Member, making an initial minimum two-year commitment. The applicant agrees that the relationship between both Mercy Ships and the Member shall be that of co-workers for God. Both also understand, however, that there is a structure of authority within the community of Mercy Ships to which he/she hereby agrees to submit.

The religious ethos of Mercy Ships, whether on board the ships or at the various land offices, is distinctly one of community. Members both on board the ships as well as at the land offices meet regularly for several designated meetings, which would include staff meetings, devotions, worship, Bible study and prayer. Members are expected to maintain the daily discipline needed to maintain a personal relationship with God, through personal Bible study, worship, meditation and prayer. They are expected to demonstrate lifestyles that exemplify Christian values through exercising moderation in all things, especially areas that require self-control, and abstinence in issues of Biblical sin.

I have read this agreement and will abide with its terms.

Applicant's signature

Date

Mercy Ships representative signature

Date

Where self-control or abstinence becomes difficult, members of Mercy Ships and all members are expected to seek the necessary help to deal with the issues.

It is understood the Members must secure contributions sufficient to cover their own ministry expenses and personal support from churches, associations of churches, from other organizations or persons, or provide support from their own resources.

The Member may use, with approval of management, facilities of Mercy Ships, which may be available at the location of the Member's particular place of work, but the Order does not undertake to provide any special facilities.

Mercy Ships sponsors training centers in Christian Discipleship (Segue and Gateway Training Programs) which are operated by Members and one of which all prospective Members may be required to successfully complete at their own expense before becoming Members.

Members shall have no authority to enter into any contract or obligation on behalf of the Order.

The parties to this agreement are Christians and believe that the Bible commands them to make every effort to live at peace and to resolve disputes with each other in private or within the Christian church. Therefore, the parties agree that any claim or dispute arising from, or related to this agreement, shall be settled by Biblically based mediation and, if necessary, legally binding arbitration in accordance with the then-current Rules of Procedure for Christian Conciliation of the Institute for Christian Conciliation, a copy of which rules are available upon request. Judgment upon an arbitration award may be entered in any court otherwise having jurisdiction. The parties understand that these methods shall be the sole remedy for any controversy or claim arising out of this agreement and expressly waive their right to file a lawsuit in any civil court against one another for such disputes, except to enforce an arbitration decision.

This agreement between Mercy Ships and the applicant has been entered into after prayerful consideration on the part of both parties. There are no promises made by either party to the other regarding anything not mentioned in this agreement.



STANDARD MEDIATION AND COVENANT AGREEMENT For Short-Term Volunteers

Mercy Ships is an inter-denominational and inter-confessional movement of Christians from many traditions dedicated to serving the poorest of the poor with the love of Christ and acts of service as part of fulfilling the Great Commission. Our core values are that we love God, we love and serve others, we are people of integrity and we are committed to excellence in all we say and do.

The religious ethos of Mercy Ships, whether on board the ships or at the various land offices, is distinctly one of community. All staff both on board the ships as well as at the land offices meet regularly for several designated meetings, which would include staff meetings, devotions, worship, Bible study and prayer.

Short Term Volunteers are expected to consider maintaining personal Bible study, worship, meditation and prayer. They are also expected to demonstrate lifestyles that exemplify the Christian values of Mercy Ships. This includes exercising moderation in all things, especially areas that require self-control, and abstinence in issues, which Mercy Ships considers inappropriate such as sexual immorality, drunkenness, use of drugs, etc. Where self-control or abstinence becomes difficult, Short-Term Volunteers are expected to seek the necessary help to deal with the issues. Failure to address behavioral violations may result in immediate dismissal.

Short-Term Volunteers must also secure contributions sufficient to cover all of their expenses. Also, they may use, with approval of management, facilities of Mercy Ships. There are no promises made by either party to the other regarding anything not mentioned in this agreement.

Mercy Ships expects each volunteer to make every effort to live at peace and to resolve disputes with each other in private or within the Christian church. Therefore, the parties agree that any claim or dispute arising from, or related to this agreement, shall be settled by Biblically based mediation and, if necessary, legally binding arbitration in accordance with the then-current Rules of Procedure for Christian Conciliation of the Institute for Christian Conciliation, a copy of which rules are available upon request. Judgment upon an arbitration award may be entered in any court otherwise having jurisdiction. The parties understand that these methods shall be the sole remedy for any controversy or claim arising out of this agreement and expressly waive their right to file a lawsuit in any civil court against one another for such disputes, except to enforce an arbitration decision.

This agreement between Mercy Ships and the applicant has been entered into after prayerful consideration on the part of both parties. There are no promises made by either party to the other regarding anything not mentioned in this agreement.

I have read this agreement and will abide with its terms.

Applicant's signature

Date

Mercy Ships representative signature

Date



PERSONAL HEALTH HISTORY & PHYSICAL EVALUATION

Office use only

PS#

PERSONAL HEALTH HISTORY: CONFIDENTIAL.
Please use black ink & print clearly.

Name:(last/surname) _____ (first) _____ (middle) _____ (preferred) _____			
Address: _____			
Country: _____			
Phone (include Country/Access Code): _____	Home: _____	Work: _____	
Date of birth: (month) _____ (day) _____ (year) _____ Age: _____			
Check One: <input type="checkbox"/> Male <input type="checkbox"/> Female		Check One: <input type="checkbox"/> Married <input type="checkbox"/> Single	
Position applied for: _____		Expected duration of service: _____	

Dear Mercy Ships Applicant,

- Mercy Ships asks you to provide health information and to undergo a complete physical examination prior to beginning your association with us.
- This examination and the health information you provide will be essential for us to help determine the best areas within the Mercy Ships system for your assignment. It will also be helpful for use during medical emergencies.
- Mercy Ships offers a broad range of job opportunities which can be ship or land based anywhere in the world. Life on board a ship or in developing nations can expose you to physical stresses and health risks unlike any you may have previously experienced. Health and physical requirements vary greatly, depending on location, and may be prescribed by Maritime Law.
- This evaluation is not intended for any other purpose, and your personal physician should be consulted for any health problems or other routine medical screening. All personal and medical information will be treated as confidential by this department.

FAMILY HISTORY

	Living?	Describe any serious medical disorders and cause of death, if appropriate.
Father	<input type="checkbox"/> Y <input type="checkbox"/> N	
Mother	<input type="checkbox"/> Y <input type="checkbox"/> N	
Brother(s)	<input type="checkbox"/> Y <input type="checkbox"/> N	
Sister(s)	<input type="checkbox"/> Y <input type="checkbox"/> N	
Additional family history:		

CHILDHOOD IMMUNIZATION RECORD

Please use your Vaccination Certificate to provide an accurate record of all listed immunizations INCLUDING the SPECIFIC MONTH and YEAR. *Subsequent immunizations may be required, dependent on your location of service in Mercy Ships.*

Note: ALL immunizations marked with a ♦ are required for service on a ship or for a training program.

TYPE	NO	YES	month	day	year	TYPE	NO	YES	month	day	year
♦ DPT (series of 3)	<input type="checkbox"/>	<input type="checkbox"/>				♦ Measles/Mumps/Rubella	<input type="checkbox"/>	<input type="checkbox"/>			
♦ Polio (series of 3)	<input type="checkbox"/>	<input type="checkbox"/>									

For adults only: If you do not know the dates of your childhood immunizations, please sign this disclaimer: All the childhood immunizations listed above are complete to the best of my knowledge.

Applicant Signature

Date (mm/dd/yy)

IMMUNIZATION RECORD

TYPE	NO	YES	month	day	year	TYPE	NO	YES	month	day	year
♦ Polio Booster (as adult)	<input type="checkbox"/>	<input type="checkbox"/>				♦ Hepatitis A	(1 st in series)	<input type="checkbox"/>	<input type="checkbox"/>		
♦ Diphtheria (in last 10 yrs)	<input type="checkbox"/>	<input type="checkbox"/>					(2 nd in series)	<input type="checkbox"/>	<input type="checkbox"/>		
♦ Tetanus (in last 10 yrs)	<input type="checkbox"/>	<input type="checkbox"/>				♦ Hepatitis B	(1 st in series)	<input type="checkbox"/>	<input type="checkbox"/>		
♦ Typhoid Circle: oral or injection	<input type="checkbox"/>	<input type="checkbox"/>					(2 nd in series)	<input type="checkbox"/>	<input type="checkbox"/>		
Rabies	<input type="checkbox"/>	<input type="checkbox"/>					(3 rd in series)	<input type="checkbox"/>	<input type="checkbox"/>		
Yellow Fever	<input type="checkbox"/>	<input type="checkbox"/>				Varicella (Chicken Pox)		<input type="checkbox"/>	<input type="checkbox"/>		
Meningococcal Meningitis	<input type="checkbox"/>	<input type="checkbox"/>				BCG		<input type="checkbox"/>	<input type="checkbox"/>		

COMMUNICABLE DISEASES

<input type="checkbox"/> Yes <input type="checkbox"/> No	History of Tuberculosis Date:	TB Skin test: <input type="checkbox"/> Negative <input type="checkbox"/> Positive Date:
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MEDICAL HISTORY

YES	NO	?	Check each item Yes, No, or ? (for unsure). Every item checked 'Yes or ?' must be fully explained in the blank space to the right.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Do you have any medical condition that is currently, or has in the last 5 years, been treated by a physician, chiropractor or healer?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Do you have any allergies? (Food, Medication, or Environmental) Are you on a special or restricted diet?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Have you ever been denied life or health insurance for any reason?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Have you ever had any significant illness or injuries other than those already noted? If 'Yes', specify when, where, and give details.

YES	NO	?	Has a physician or chiropractor ever diagnosed you as having any of the following conditions? Every item checked 'Yes, or ?' must be fully explained in the blank space to the right.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin Cancer•Eczema•Skin Rash•Hives•Allergic Reaction•Dermatitis•Any Other Skin Disease?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Asthma•Bronchitis (recurrent or chronic)•Emphysema (COPD)•Shortness of Breath•Chronic Cough• Pneumonia• Hay Fever•Tuberculosis•Any Other Lung Disease?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatic Fever•High Blood Pressure•Fainting or Blackouts •Varicose Veins•Heart Surgery•Heart Failure•Irregular Heart Beat or Rhythm•Heart Murmur•Frequent Hand or Feet Sweating•Angina (Heart/Chest Pain)•High Cholesterol•Heart Attack•Blood Clots•Stroke• Any Other Heart Disease?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Jaundice•Hepatitis•Hernia or Rupture•Stomach or Duodenal Ulcer•Liver Cirrhosis•Divert Colitis•Any Other Colon, Liver or Stomach Disease?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kidney Failure, Renal Insufficiency•Kidney Stone•Kidney or Bladder Infection•Bladder Polyps or Tumors•Loss of Bladder Control-Dialysis•Any Other Kidney or Bladder Disease?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Depression•Sleep Disorder•Neuropathy (Nerve Pain)• Numbness or Abnormality in Arms or Legs•Dizziness or Vertigo•Epilepsy Seizures•Polio•Stroke•Serious Head Injury•Nervous Breakdown•Problems with Motion Sickness•Nervousness•Multiple Sclerosis•Narcolepsy•Severe or Migraine Headaches•Chronic or Excessive Fatigue•Paralysis or Pinched Nerves•Weakness•Anxiety• Loss of Memory or Amnesia•Loss of Consciousness•Any Other Nervous System Disorder?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Blood Clotting or Bleeding Disorder•Anemia (Low Blood)•Frequent Infections•Any Other Blood Disorder?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes•Thyroid Trouble•Hearing Loss•Vision Loss Not Corrected By Glasses•Color Blindness•Glaucoma•Any Other Eye Disease?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cancer of Any Type?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neck Strain•Disc Condition (Back or Neck)•Carpal Tunnel Syndrome•Surgery (Back or Neck)•Foot Pain or Problems•Sciatica, Leg Pain•Numbness Knee Strain or Injury•Fractures (Broken Bones)•Bone or Joint Disease•Amputations or Loss of Limb•Gout•Arthritis•Muscle Disease or Fibromyalgia•Back Strain or Pain•Tendonitis, Bursitis, Tennis Elbow or Epicondylitis•Joints that Lock, Catch, or Give Way•Tingling Shoulder Strain or Rotator Cuff Problem•Any Other Muscle, Bone or Joint Problem?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Alcohol Abuse, Drug Abuse or Chemical Dependency?

Prior Medical Testing:

In the last 10 years, list all x-rays, blood tests, exercise tests, heart catheterizations (coronary angiograms), echocardiograms (ultrasounds), scans, brain scans, or major surgeries that are related to any significant illness or physical condition.

Year	Type of Test

Blood Transfusions: List any blood transfusions you have had, including dates and reasons for transfusions.

Blood Type: (please check one)

☐ A ☐ B ☐ O

☐ POSITIVE ☐ NEGATIVE

Psychological or Psychiatric Care:

List any psychological or psychiatric care you have received in the past 5 years (please include reasons, results, and dates.)

Care provided	Dates	Reason	Results

Medications: List All Current

Name	Amount	Frequency
Do you wear glasses/contact lenses?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Drug Allergies and Intolerance:

Medications Taken In The Past Five (5) Yrs:

OCCUPATIONAL HISTORY

YES	NO	?	Check each item Yes, No, or ? (for unsure). Every item checked 'Yes or ?' must be fully explained in the blank space to the right.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Have you ever been refused employment or been unable to stay at a job due to health reasons of any type?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Have you ever had an injury or health problem that has substantially limited or restricted your lifestyle or work capacity?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Do you consider or declare yourself to be disabled in any way?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Do you have any form of permanent restrictions, either self imposed or given by a physician?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Do you have any questions or reservations about your ability to do the job you are being hired for?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Do you require the use of any braces, prosthesis, supportive devices, or aids to do your job or activities of daily living?

I, _____, have completed this form to the best of my knowledge. I also understand the need to report changes in my health status or treatment rendered by a physician prior to my joining Mercy Ships.

Authorization & Consent for Treatment: Please Read Carefully

I request that this personal Medical History & Physician Evaluation be forwarded to the Mercy Ships International Operations Center in Garden Valley, Texas, USA, and I hereby consent to the transfer to the United States of all data contained in this application and any attachments thereto, including all private personal data. I also request that this personal Medical History & Physician Evaluation be forwarded to the Mercy Ships operating location where I will be serving in order that I may be given any necessary medical attention should that become necessary or appropriate.

I certify that all statements given on this application are correct with no omissions.

Additionally: In the course of my service with Mercy Ships, should it become necessary that I require medical treatment while outside of my country, I hereby agree to the performance of such treatment, anesthetics, and operations as, in the opinion of the attending physician, are deemed necessary.

Applicant Signature

Date (mm/dd/yy)

Exam Date _____

PHYSICAL EVALUATION SUMMARY SHEET

Name: _____ Date of Birth: _____ Age: _____	Height: _____ <input type="checkbox"/> (in) <input type="checkbox"/> (cm) Weight: _____ <input type="checkbox"/> (lbs) <input type="checkbox"/> (kg)
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BODY MASS INDEX:			OTHER TESTING: <i>IF indicated by physical exam or required by maritime licensure. RESULTS TO BE ATTACHED TO THIS FORM</i> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Audiogram Pulmonary Function Test Pap Smear Special Back Evaluation Urinalysis TB/Mantoux Test Hearing EKG w/interpretation </div> <div style="width: 35%;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No </div> </div>
BLOOD PRESSURE:			
PULSE:			
RESPIRATION:			
VISION:	Left	Right	
Visual Acuity (Distance): Corrected			
Uncorrected			
Visual Acuity (Near): Corrected			
Uncorrected			
Color Vision			
Method used to assess color vision:			EKG required for individuals with history of cardiac problems

	Normal	Marginal	Abnormal		Normal	Marginal	Abnormal
1. General Appearance				6. Nose, Throat, Tonsils			
2. Skin/Scars				7. Neck, Thyroid, Nodes			
3. Eyes				8. Heart (note murmur)			
4. Ears				9. Lungs/Thorax			
5. Teeth and Gums				10. Abdomen/Hernia			
Describe abnormalities as numbered:							

		Above Average	Average	Borderline	Abnormal	EXPLANATIONS			
SPINE	Appearance/Flexibility								
	Range of Motion								
	Strength								
	Soft Tissue Screen								
EXTREMITIES	Appearance								
	Range of Motion								
	Strength								
NEURO	Reflexes:	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>				Results:	Grip Strength:	Right-	Left-
	Romberg:	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>					Pinch Strength:	Right-	Left-

ASSESSMENT (Summary):

☐ Area(s) of concern identified:

PHYSICIAN'S SIGNATURE**DATE:****PHYSICIAN'S PRINTED NAME****Email Address:****Telephone:****Fax:****Mailing Address:**



FRIEND REFERENCE FORM

Please fill in your name and address and give to a friend to complete.

Name of applicant: _____ (last/surname) _____ (first) _____ (middle initial)	Applicant's mailing address:
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Mercy Ships, a global charity, has operated a growing fleet of hospital ships in developing nations since 1978. Following the example of Jesus, Mercy Ships brings hope and healing to the poor, mobilizing people and resources worldwide. Applicants who serve on our vessels are often subjected to physical and emotional stresses, which should be considered in your evaluation of their personal capabilities within Mercy Ships.

Please visit our website at www.mercyships.org for more information about Mercy Ships.

INSTRUCTIONS: Please be honest in your appraisal of this applicant. We encourage you to share your comments with the applicant however; we will keep this information confidential.
Please make a copy for your record and return reference to applicant in a sealed envelope.

1. How long, and in what association have you known the applicant?
2. Please evaluate the applicant in the following areas: ○ Character: ○ Skills, abilities, strengths, and talents: ○ Emotional stability:
3. Do you have any reservations regarding this person's service with Mercy Ships?

Your Name:	Your Address:	
Title:		
Organization:	Tel:	Email:

To the best of my knowledge, all information shared in this reference is correct and accurate.

_____	_____
Signature	Date



EMPLOYER REFERENCE FORM

Please fill in your name and address and give to your current employer to complete. If you are not currently employed, please send in the blank form with an explanation.

Name of applicant: _____ (last/surname) _____ (first) _____ (middle initial)	Applicant's mailing address:
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Mercy Ships, a global charity, has operated a growing fleet of hospital ships in developing nations since 1978. Following the example of Jesus, Mercy Ships brings hope and healing to the poor, mobilizing people and resources worldwide. Applicants who serve on our vessels are often subjected to physical and emotional stresses, which should be considered in your evaluation of their personal capabilities within Mercy Ships.

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INSTRUCTIONS: Please be honest in your appraisal of this applicant. We encourage you to share your comments with the applicant however; we will keep this information confidential.
Please make a copy for your record and return reference to applicant in a sealed envelope.

1. How long, and in what association have you known the applicant?
2. Please evaluate the applicant in the following areas: ○ Character: ○ Skills, abilities, strengths, and talents: ○ Emotional stability:
3. Do you have any reservations regarding this person's service with Mercy Ships?

Your Name:	Your Address:	
Title:		
Organization:	Tel:	Email:

To the best of my knowledge, all information shared in this reference is correct and accurate.

_____	_____
Signature	Date



PASTOR OR SPIRITUAL LEADER REFERENCE FORM

Please fill in your name and address and give to your Pastor or Spiritual Leader to complete. If you do not have a Pastor or Spiritual Leader, please send in the blank form with an explanation.

Name of applicant: _____ (last/surname) _____ (first) _____ (middle initial)	Applicant's mailing address:
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INSTRUCTIONS: Please be honest in your appraisal of this applicant. We encourage you to share your comments with the applicant however; we will keep this information confidential.
Please make a copy for your record and return reference to applicant in a sealed envelope.

1. How long, and in what association have you known the applicant?
2. Please evaluate the applicant in the following areas: o Character: o Skills, abilities, strengths, and talents: o Emotional stability:
3. Do you have any reservations regarding this person's service with Mercy Ships?

Your Name:	Your Address:	
Title:		
Organization:	Tel:	Email:

To the best of my knowledge, all information shared in this reference is correct and accurate.

Signature

Date