



Dear Applicant,

We appreciate your interest in serving with us. Please read and follow these instructions carefully and contact Human Resources at [jobs@mercyships.org](mailto:jobs@mercyships.org) or +1 (903) 939-7000 if you have any questions.

### Things to Know Before Applying:

#### All Applicants:

- All forms should be completed in black ink or type-written in English.
- 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.
- All applicants are required to provide/raise their own funds to cover crew fees, insurance and transportation to and from the ship. If you apply for and accept a position, you will be responsible to ensure that adequate funding is in place before joining.
- Most short-term positions require a minimum commitment of 4-8 weeks. However, some medical professionals (surgeons, OR nurses, dentists, etc.) can join for as little as 2 weeks.
- A current *Personal Health History* and *Physical Evaluation* are required for all applicants, including accompanying children (see attached).
- 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.
- 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.
- Once we receive your completed application, we will review it in light of our open positions, housing availability, and your qualifications. Processing is usually done in four to six weeks.
- Attendance at the Introduction to Mercy Ships (IMS) and entry program (Gateway) is encouraged for all of our applicants but is only required for those serving with us 9 months or more. More information about IMS and Gateway can be found at [www.ms-information.org](http://www.ms-information.org) by clicking **Courses** under the **Get Involved** tab

#### Healthcare Applicants:

- Required to be licensed and have 2 years of post graduate experience.
- Please include a copy of current resume or CV, diploma and license with completed application.

#### Mariners:

- Should include current copies of mariner licenses and certificates with completed application.
- Qualified mariners may submit their current maritime physical information in lieu of the Physicians Evaluation.

#### Long-term Applicants:

- Requires 2+ years commitment and successful completion of IMS and Gateway program
- Usually fill positions that require more tenure (management, communications, administration) .
- Crew fees are discounted 50%.
- Mercy Ships processes support (tax deductible receipt sent to donors).

#### Families:

- Housing for families is reserved for critical long-term (2 years +) positions.
- Due to housing restrictions, we are not able to accommodate single parent families or families with more than 4 children.

When completed, please make a copy for your files and send the original to:

**Mercy Ships, Human Resources**  
**PO Box 2020**  
**Lindale, Texas 75771 USA**

Or fax it to: **+1 (903)939-7114**

More information about serving with us, including Costs, Frequently Asked Questions, and Opportunities Available, can be found at [www.ms-information.org](http://www.ms-information.org).



**Please complete the following or attach a current resumé or C.V.**

**Education:** Please list schools (secondary/high school/technical/college/university/seminary) you have attended.

Name of school	Location	Dates attended	Diploma/Degree

**Professional Licenses or Certificates:** 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.

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.

- 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 Health Education, HIV Education
- 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:

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**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:			

**PERSONAL PROFILE**

Please describe any experience you have living/working outside of your own culture:

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What is the name of the church you currently attend and what is your involvement there:

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Please explain why you wish to serve with Mercy Ships:

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In Mercy Ships, we seek to follow Jesus. Please describe who Jesus is for you and what following him means to you:

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**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 and for Mercy Ships to conduct a background check relative to any matters contained in my application and any matters relevant to consideration of my service by 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 Mercy Ships, I hereby release and forever discharge the Mercy Ships, my past /present employer(s) and their 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 accept those who agree and fully attest to our Statement of Faith.



**PERSONAL HEALTH HISTORY FORM, continued**

Yes  No Do you smoke or chew tobacco? If so, what and how often? \_\_\_\_\_  
 Yes  No Do you drink alcohol? If so, how much and how often? \_\_\_\_\_

Yes  No Would you have a problem walking up six flights of stairs at a steady pace without stopping?

Yes  No Would you have a problem walking a distance of 3 km (approximately 1.5 miles) on a level plane at a steady pace without stopping?

Yes  No Have you ever been referred to or sought consultation or treatment from a mental health professional (counselor, psychologist, psychiatrist, social worker, pastoral, or family marriage counselor)?

Yes  No Have you ever received mental health treatment as an inpatient or as an outpatient in a day treatment center?

If you answered 'yes' to any of the questions in this section, please explain here. If you need more space, please attach additional sheets:

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**PLEASE LIST ALL HOSPITALIZATIONS, OPERATIONS, AND MEDICAL EVACUATIONS, INCLUDING BOTH MEDICAL AND PSYCHIATRIC ILLNESSES.**

Date	Illness or Operation	Name of hospital	Location

**PLEASE LIST ANY CURRENT OR PAST CONGENITAL OR CHRONIC CONDITIONS.**


**MEDICATIONS: LIST ALL CURRENT.**

Name	Amount	Frequency

**ALLERGIES: DRUG AND OTHERS**


**REQUIRED VACCINATIONS**

- Yellow fever: Required for all crew serving in West Africa; must be obtained before arriving.
- Hepatitis B: Required for all crew serving in Plumbing and in the Hospital. Please bring Hep B Titer with you.

Please consult your primary doctor or travel clinic regarding your specific needs for the countries where you will be traveling for his/her recommendations. Please bring your updated vaccination record with you. Please go to [www.ms-information.org](http://www.ms-information.org) and look under the Preparing to Serve tab for more information.

**EVACUATION AND REPATRIATION AND EMERGENCY MEDICAL INSURANCE**

**Short-term crew:**

Mercy Ships has a group policy for evacuation, repatriation and emergency medical insurance with Talent Trust Consultants (TTC) which is included in the crew fees for all short-term crew. For a complete list of what is included in this policy, please go to [www.ms-information.org](http://www.ms-information.org) and click on **Insurance** under the **Preparing to Serve** tab.

**Long-term crew:**

Insurance is not included in the long-term crew fee rates and therefore long-term crew are required to procure their own health insurance which includes emergency evacuation and repatriation, with no riders or restrictions, before arriving. Our preferred provider is **Talent Trust Consultants (TTC)**. Please note that if you have a pre-existing condition you will need to obtain insurance that will cover you for this condition before serving with us.

More information regarding **Talent Trust Consultants (TTC)** can be found at <http://www.talent-trust.com/>.

Please complete and sign below:

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 Health History & Physical 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 Health History & Physical Evaluation be forwarded to the Mercy Ships operating location where I will be serving in order that I may be given 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, if I require medical treatment while outside my country, I hereby agree to the performance of such treatment, anesthetics, and operations if, in the opinion of the attending physician, it is deemed necessary.

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

## PHYSICAL EVALUATION SUMMARY SHEET



**IMPORTANCE OF EXAMINATION:** It is important for the examiner to identify all medical conditions which will require follow-up medical care or could be adversely affected by environmental conditions, such as air pollution and poor sanitation. The consequences of not identifying pre-existing health problems could be extremely serious for the examinee. As you perform the examination, keep in mind that the examinee may be assigned to a developing country where medical care is not available, or will live on a ship in an environment which can be very physically demanding at times. All reports must be in English.

Name: _____	Exam Date: _____
Date of birth: _____	Age: _____
Height: _____ in/cm	Weight: _____ lb/kg
Blood Pressure: _____	Pulse: _____

	Normal	Abnormal	Notes
Skin (record lesions, body marks, scars, etc)			
Head, Neck, Thyroid			
Ear, Nose, and Throat (comment on hearing)			
Lymph Nodes			
Eyes (include funduscopic exam, visual acuity, and color perception)			
Lungs			
Breasts			
Heart (record murmurs and abnormalities)			
Abdomen (comment on liver and spleen)			
Genitalia			
Anus, Rectum, and Prostate			
Vascular System (record peripheral pulses and varicosities)			
Extremities and spine			
Neurological (reflexes and Muscle strength recorded)			
Psychiatric			
Gynecological (note last normal exam if not examined on this occasion)			

**Additional comments:**

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**Recommendation for treatment/further follow up:**

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\_\_\_\_\_  
PHYSICIAN'S SIGNATURE

\_\_\_\_\_  
DATE:

\_\_\_\_\_  
PHYSICIAN'S PRINTED NAME

Telephone:	
Email address:	



## FRIEND REFERENCE FORM

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

Name of applicant:  <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <span>_____ (last/surname)</span> <span>_____ (first)</span> <span>_____ (middle initial)</span> </div>	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](http://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 records 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: <input type="checkbox"/> Character:  <input type="checkbox"/> Skills, abilities, strengths, and talents:  <input type="checkbox"/> 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:	Applicant's mailing address:
<div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>_____ (last/surname)</span> <span>_____ (first)</span> <span>_____ (middle initial)</span> </div>	

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Please make a copy for your records 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: <input type="checkbox"/> Character:  <input type="checkbox"/> Skills, abilities, strengths, and talents:  <input type="checkbox"/> 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:  <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <span>_____ (last/surname)</span> <span>_____ (first)</span> <span>_____ (middle initial)</span> </div>	Applicant's mailing address:  
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Please make a copy for your records 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: <input type="checkbox"/> Character:  <input type="checkbox"/> Skills, abilities, strengths, and talents:  <input type="checkbox"/> 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