



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 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 as well as other personal expenses. 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 not able to provide an employer or pastor/spiritual leader reference, you should explain why and supply a substitute reference from someone who has functioned in a supervisor or mentoring role for you.
- 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 **Gateway** (entry program) is encouraged for all of our applicants but is only required for those serving with us 9 months or more.

Medical Professionals:

- 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:

- Applications should include copies of current mariner licenses and certificates.
- 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%.

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 the IMS and Gateway programs, Costs, Frequently Asked Questions, Opportunities Available, are Pre-Arrival Information can be found at www.mercyships.org.



Application

Office use only

PS#

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

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

Phone Numbers: Home: _____ Work: _____
 (include Country Code) Cell/Mobile Number: _____

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

Applying for:

<input type="checkbox"/> Short-term crew	<input type="checkbox"/> Long-term crew (2 years +)	<input type="checkbox"/> Introduction to Mercy Ships (IMS)	<input type="checkbox"/> Gateway
Location Preference:		<input type="checkbox"/> Africa Mercy <input type="checkbox"/> Other _____	
I am applying to serve: (Indicate length of time in weeks, months, or years)		_____ (Weeks/Months/Years)	
Dates available:		From: (month/day/year) _____ To: (month/day/year) _____	
Position Applying For: Go to www.mercyships.org for available positions			

If applying to serve long-term and have a family, how many children will accompany you? _____

Please Answer the Following Questions:

- Yes No Do you have any relatives/friends who have served with Mercy Ships? If yes, list below.
- Yes No Are you aware that Mercy Ships is a volunteer, faith-based non-salaried organization?
- Yes No Are you able to provide/raise the financial support necessary to serve with Mercy Ships?
- Yes No If applying to serve as a medical professional, have you ever been named in a medical malpractice suit? If yes, please explain below.
- Yes No Have you ever been convicted of a criminal offense? If yes, please explain below.
- Yes No Are there any circumstances (medical or other) which could interfere with your meeting the requirements of the position for which you are applying? If yes, please explain:

How did you hear about Mercy Ships? Mercy Ships Website Friend Magazine Conference Other
 If conference or magazine, which one? _____

Education/Job History:

If applying for a medical position, please attach a current résumé or C.V.

For all other positions, please complete the following or attach a current résumé 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.)
- Other Business Professional _____
- Community Health Education, HIV Education
- Medical 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:

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:

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

Please explain why you wish to serve with Mercy Ships:

In Mercy Ships, we seek to follow Jesus. Please describe who Jesus is for you and what following him 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 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 Mercy Ships, my past /present employer(s) and their respective parents, subsidiaries, and successors from any and all actions, which may result from 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 Associates 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 deny acceptance to those who do not agree and fully attest to our Statement of Faith.



PERSONAL HEALTH HISTORY FORM

Privacy notice: The primary purpose for this information is to determine medical eligibility for service.

Life on board a ship or in a developing nation can expose you to physical stresses and health risks unlike any previously experienced. Health and physical requirements vary greatly, depending on location, and may be guided by Maritime Law. Complete Personal Health History and Physical Evaluations are mandatory for service with Mercy Ships and must be updated at least every 2 years.

TO BE COMPLETED BY APPLICANT: (please use black ink and print clearly in English)

Name: (last/surname) _____ (First) _____ (Middle) _____ (Preferred) _____			
E-Mail Address: _____			
Phone	Home: _____	Work: _____ (please include country code)	Cell: _____
Date of birth: _____ (month/day/year)		Age: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Position Applied for: _____		Expected Duration of Service: _____	

Have you ever experienced or have you ever been treated for any of the following? Please check “Yes” or “No” to each question and explain any marked “Yes” below or on a separate page.

- | | |
|---|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No Frequent or severe headaches?
<input type="checkbox"/> Yes <input type="checkbox"/> No Dizzy spells, fainting, or blackouts?
<input type="checkbox"/> Yes <input type="checkbox"/> No Epilepsy or seizures?
<input type="checkbox"/> Yes <input type="checkbox"/> No Chronic eye trouble or vision problems?
Date of last eye exam _____
<input type="checkbox"/> Yes <input type="checkbox"/> No Colonoscopy or sigmoidoscopy?
<input type="checkbox"/> Yes <input type="checkbox"/> No Kidney trouble, i.e. stones, blood, or protein in urine?
<input type="checkbox"/> Yes <input type="checkbox"/> No Diabetes?
<input type="checkbox"/> Yes <input type="checkbox"/> No Thyroid disease?
<input type="checkbox"/> Yes <input type="checkbox"/> No Asthma?
<input type="checkbox"/> Yes <input type="checkbox"/> No Breathing trouble, i.e. frequent, recurrent cough or shortness of breath?
<input type="checkbox"/> Yes <input type="checkbox"/> No TB, or exposure to TB?
<input type="checkbox"/> Yes <input type="checkbox"/> No Pain or pressure in your chest?
<input type="checkbox"/> Yes <input type="checkbox"/> No Anemia or another blood disorder?
<input type="checkbox"/> Yes <input type="checkbox"/> No Heart problems, murmur, or infection?
<input type="checkbox"/> Yes <input type="checkbox"/> No Stomach, liver, or intestinal problems?
<input type="checkbox"/> Yes <input type="checkbox"/> No Jaundice or hepatitis?
<input type="checkbox"/> Yes <input type="checkbox"/> No Rupture or hernia?
<input type="checkbox"/> Yes <input type="checkbox"/> No Rectal bleeding or black stools? | <input type="checkbox"/> Yes <input type="checkbox"/> No Frequent indigestion?
<input type="checkbox"/> Yes <input type="checkbox"/> No Stroke?
<input type="checkbox"/> Yes <input type="checkbox"/> No Cancer?
<input type="checkbox"/> Yes <input type="checkbox"/> No Difficulty with hearing?
<input type="checkbox"/> Yes <input type="checkbox"/> No Change in bowel or bladder habits?
<input type="checkbox"/> Yes <input type="checkbox"/> No Urinary problems or urinary tract infection?
<input type="checkbox"/> Yes <input type="checkbox"/> No Back pain or injury?
<input type="checkbox"/> Yes <input type="checkbox"/> No Bone, tendon, or joint problems?
<input type="checkbox"/> Yes <input type="checkbox"/> No Abnormal chest x-ray?
<input type="checkbox"/> Yes <input type="checkbox"/> No Malaria, dysentery or other tropical disease?
<input type="checkbox"/> Yes <input type="checkbox"/> No Frequent crying spells?
<input type="checkbox"/> Yes <input type="checkbox"/> No Felt unusually depressed or sad?
<input type="checkbox"/> Yes <input type="checkbox"/> No Persistent fatigue?
<input type="checkbox"/> Yes <input type="checkbox"/> No Any other medical problems not already mentioned?
<input type="checkbox"/> Yes <input type="checkbox"/> No Tested positive to HIV?
<input type="checkbox"/> Yes <input type="checkbox"/> No Tested positive to Hep B?
<input type="checkbox"/> Yes <input type="checkbox"/> No Tested positive to Hep C? |
|---|--|

If you answered 'yes' to any of the questions above, please explain. If you need more space, please attach a page.

- Yes No Do you smoke or chew tobacco? If yes, how often? _____
 Yes No Do you drink alcohol? If yes, how often? _____

PERSONAL HEALTH HISTORY FORM, continued

- 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, 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 above, please explain. If you need more space, please attach a page.

LIST ALL HOSPITALIZATIONS AND MEDICAL EVACUATIONS FOR BOTH MEDICAL AND PSYCHIATRIC ILLNESSES.

Date	Illness or Operation	Name of hospital	Location

LIST ANY CURRENT OR PAST CONGENITAL OR CHRONIC CONDITIONS.

MEDICATIONS: LIST ALL CURRENT.

Name	Amount	Frequency

ALLERGIES: DRUG AND OTHERS

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 Texas 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: _____

Areas to be Examined (as appropriate)	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:

Recommendation for treatment/further follow up:

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;"> _____ (last/surname) _____ (first) _____ (middle initial) </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 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 ask a former employer or mentor to complete this form and send it along with an explanation.

Name of applicant:	Applicant's mailing address:
<div style="display: flex; justify-content: space-between; margin-top: 10px;"> _____ (last/surname) _____ (first) _____ (middle initial) </div>	

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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 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 ask a teacher, coach, or mentor to complete the form and send it in along with an explanation.

Name of applicant: <div style="display: flex; justify-content: space-around; margin-top: 10px;"> _____ (last/surname) _____ (first) _____ (middle initial) </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.

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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