



Showing the compassionate care of the Great Physician to the world.

9188 Utah ST NE
Bremerton, WA 98311
(360) 620-5000

GENERAL INFORMATION

NAME _____ BIRTH DATE _____ MALE FEMALE

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ PAGER _____ CELLULAR _____

SOCIAL SECURITY # _____ PASSPORT _____

EMAIL _____
OFFICE ADDRESS _____

CITY _____ STATE _____ ZIP _____

OFFICE PHONE _____ FAX # _____

WHERE DO YOU LIKE TO RECEIVE YOUR MAIL? HOME OFFICE EITHER

WHERE DO YOU LIKE TO RECEIVE YOUR PHONE CALLS? HOME OFFICE EITHER

MARITAL STATUS: MARRIED SINGLE DIVORCED WIDOWED

SPOUSE'S NAME: _____ SPOUSE'S PROFESSION: _____

EMERGENCY CONTACT: _____

EMERGENCY CONTACT PHONE: _____

EDUCATION / WORK HISTORY

HIGH SCHOOL _____ YEAR GRADUATED _____

COLLEGE _____ DEGREE _____ YEAR COMPLETED _____

GRADUATE STUDIES _____ DEGREE _____ YEAR COMPLETED _____

MEDICAL _____ DEGREE _____ YEAR COMPLETED _____

INTERNSHIP _____ TYPE _____ YEAR COMPLETED _____

RESIDENCY _____ TYPE _____ YEAR COMPLETED _____

MILITARY EXPERIENCE _____

CURRENT EMPLOYER _____ PHONE: _____

PAST EMPLOYERS _____

RELIGIOUS AFFILIATION

CURRENT CHURCH HOME _____ DENOMINATION _____

ADDRESS _____ PHONE _____

PASTOR'S NAME _____

YOUR CHURCH ACTIVITIES/OFFICES: _____

BELIEFS

IN YOUR DAILY LIFE, WHAT DOES JESUS CHRIST MEAN TO YOU?

MISSION INTEREST (OUT OF COUNTRY)

HOW LONG CAN YOU SERVE? _____ # OF WEEKS _____ # OF MONTHS

CAN WE INFORM YOU OF AN URGENT MISSION REQUEST? YES NO

ESTIMATE YOUR RESPONSE TIME: A FEW DAYS LESS THAN TWO WEEKS

EVANGELISTIC SKILLS: CHRISTIAN EXAMPLE PERSONAL WITNESS
 BIBLE TEACHING

COUNSELING COMMUNICATIONS INTERPRETATION; LANGUAGE _____

PREVIOUS MISSION/OVERSEAS EXPERIENCE (AGENCIES, PLACES, DATES) _____

PERSONAL REFERENCES

NAME _____ ADDRESS _____
PHONE _____ RELATIONSHIP / YEARS KNOWN _____
NAME _____ ADDRESS _____
PHONE _____ RELATIONSHIP / YEARS KNOWN _____

MISSION STATEMENT

The Christian Medical Response Team's purpose is to provide medical coverage at large events, to serve as a disaster response team for the State of Washington and to respond to the medical needs of the third world in a loving and humble Christ-like manner with a commitment to medical excellence. Our goal is to show the compassionate care of the Great Physician to the world.

LICENSURE AND CERTIFICATION

Please include two copies of the following with your application:

1. Current CPR and/or ACLS certification.
2. Licensure and/or certification.
3. If you are a physician, please include two copies of your proof of malpractice insurance.

THE FINE PRINT

I have read the Christian Medical Response Team (CMRT) Mission Statement and accept its provisions and agree to live, work and serve in accordance with them. I, the undersigned, also realize that in accepting a term of volunteer service, it is with the clear understanding that CMRT does not assume responsibility for loss of my property, damage to the same, personal harm, or illness that may come to myself or those who travel with me. I, for myself, my heirs, executors, administrators, and assigns in consideration of my admission to volunteer service and other good and valuable considerations, so hereby release and forever discharge CMRT, its directors, officers and employees from liability for any claim or demand which I or my heirs, executors, administrators, or assigns, might otherwise assert upon the basis of any of the foregoing. In, volunteering, I recognize that I do not become an agent or employee of CMRT in rendering my services, and I agree to hold CMRT harmless from any claim that might arise out of any acts performed by me while serving as a CMRT member. All CMRT members are required to have automobile liability insurance if they are driving vehicles in association with a training mission. Automobile liability is not covered by CMRT or the DEM.

Signed _____ Date _____