



## Little Flower Catholic Therapy Missions Application

Thank you for your interest in volunteering at the Missionaries of the Poor (MOP) in Jamaica. Our mission is to build sustainable programs to provide therapy services to hundreds of children and adults with disabilities at the MOP apostolates in Jamaica. We cannot achieve this goal without volunteers like you!

If you would like to participate in our next trip, please fill out the information below and send it, along with a copy of your passport (expiring no less than 6 months from the date of the trip), and professional license (if applicable) to [catholictherapymissions@gmail.com](mailto:catholictherapymissions@gmail.com)

### **NAME:**

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LAST NAME

FIRST

MIDDLE

### **CONTACT INFORMATION:**

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ADDRESS

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PHONE NUMBER

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EMAIL ADDRESS

### **BACKGROUND INFORMATION:**

HIGHEST LEVEL OF EDUCATION COMPLETED \_\_\_\_\_

PROFESSION \_\_\_\_\_

YEARS OF EXPERIENCE IN THIS PROFESSION \_\_\_\_\_

CURRENT EMPLOYER \_\_\_\_\_

- IMMEDIATE SUPERVISOR AT CURRENT EMPLOYER (EMAIL OR PHONE)

\_\_\_\_\_

HAVE YOU PREVIOUSLY ATTENDED AN INTERNATIONAL MISSION? \_\_\_\_\_

HAVE YOU PREVIOUSLY ATTENDED A MEDICAL MISSION? \_\_\_\_\_

PREVIOUS VOLUNTEER EXPERIENCE (INTERNATIONAL OR LOCAL)

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\_\_\_\_\_

**EMERGENCY INFORMATION:**

**EMERGENCY CONTACT 1:**

\_\_\_\_\_

| LAST NAME | FIRST | MIDDLE |
|-----------|-------|--------|
|-----------|-------|--------|

\_\_\_\_\_

RELATIONSHIP TO APPLICANT

\_\_\_\_\_

PHONE NUMBER

**EMERGENCY CONTACT 2:**

\_\_\_\_\_

| LAST NAME | FIRST | MIDDLE |
|-----------|-------|--------|
|-----------|-------|--------|

\_\_\_\_\_

RELATIONSHIP TO APPLICANT

\_\_\_\_\_

PHONE NUMBER

**MEDICAL BACKGROUND (BASIC)\***

The demands of daily mission trips work includes, but is not limited to, the following:

- Work in unairconditioned conditions in 80-90 degree weather

- No access to warm showers
- Lifting items and people who weigh more than 50#
- Squatting
- Kneeling
- Exposure to insects
- Exposure to bodily fluids
- Cuisine that is limited to international fare

\*For your safety, disclosure of medical information such as care providers and medication lists will be required before embarking on a trip.

PLEASE DESCRIBE ANY MEDICAL CONDITIONS OR LIMITATIONS THAT MAY IMPACT YOUR ABILITY TO SAFELY EMOTIONALLY OR PHYSICALLY PARTICIPATE IN A POTENTIAL MISSION TRIP, INCLUDING ANY ALLERGIES

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**OTHER COMMENTS OR QUESTIONS:**

HOW DID YOU HEAR ABOUT US?

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QUESTIONS OR COMMENTS FOR US:

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