



Dear Sea Mercy Applicant,

Thank you for register with us and completing this next step in your adventure with us in the South Pacific! Please read and follow these instructions carefully and contact us at info@seamercy.org or call us at +1 (541) 935-5846 if you have any questions.

Things to Know Before Applying:

All Applicants:

- Applicants must be at least 18 years old at time of service (unless accompanied by a parent).
- All forms should be completed in black ink or type-written in English.
- Most short-term positions require a minimum commitment of 2 weeks. However, some medical (surgeons, or nurses, dentists, etc.) and maritime professionals can join for longer periods.
- Due to maritime medical regulations and other circumstances, those with certain disabilities and/or health histories may not be able to serve with Sea Mercy.
- A current Personal Health History, Physical Evaluation, and Immunization Checklist are required for all applicants.
- A recent (non-Sea Mercy) 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.
- All applicants are required to provide/raise their own funds to cover rotation costs 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.
- Registration/Payment terms: After committing to a rotation and Sea Mercy going through a time-consuming approval process on the behalf of the volunteer, we experienced multiple last minute cancellations by volunteers. Due to the "rotation filled" status resulting from their verbal and completed application commitment, this prevented many qualified volunteers from being able to join us and left many of our rotations understaffed. To discourage such cancellations, we have revised our registration and payment processes (and below cancellation fees) to help us determine who is truly committed to a rotation:
 - A one-time \$100 registration fee/donation is required to "reserve" a spot for you on your selected rotation (or future rotations) until your paperwork is submitted and approved by the health ministry (please include a check with this application).
 - Once approved by the health ministry, an additional \$500 is required within 30 days of approval to "guarantee" your rotation spot.
 - The remaining balance for your rotation is required 60 days before the start of your rotation.
 - Cancellation fees (*these fees apply unless you or Sea Mercy is able to find a paying replacement for your rotation*):
 - Should you cancel after the approval process and "guarantee" rotation payment, but prior to the full payment of the balance, the \$500 "guarantee" costs will be lost.
 - Should you cancel within 30-60 days prior to the beginning of your rotation; \$1,000 will be lost.
 - Should you cancel within 30 days prior to the beginning of your rotation; the full fee paid will be lost.
- Two 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.
- A copy of your current Passport.
- 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.



Medical/Dental/Eye Care Professionals:

- Required to be licensed and have 1 year of post-licensed experience
- Include copies of current resume or CV, diploma, license and relevant certifications with completed application

Captain/Crew Applicants:

- Applications should include copies of current licenses and certificates
- Current maritime physicals can be submitted in lieu of the Physician’s Evaluation

Disclaimer:

The vessel, the Operator & Sea Mercy and his agents accept no responsibility for accidents, injuries or death during the volunteer’s time with Sea Mercy. As a volunteer, you acknowledge the risks associated with sailing and related activities and holds the Operator & Sea Mercy and his agents harmless for personal injury, property damage, wrongful death or any other damage to selves, family, heirs and any others potentially impacted, however caused to include, but not limited to the product liability or negligence of the released parties whether passive or active.

Drug possession or unlawful actions:

As a volunteer you agree to prohibit the use or possession of any illegal drugs on board the vessel by any member of your party. If such substances are used by or found in the possession of guests, the captain will put the guests ashore at the next port of call without refund of any fees. As a volunteer you agree that the vessel shall be used exclusively for operational and pleasure purposes and will in no way violate the laws of the United States, or any other government within the jurisdiction of which the vessel may be any time throughout your time on the vessel.

Captain’s Duties:

The captain shall handle clearance and normal running of the yacht and be responsible for the safe navigation of the vessel, and as a volunteer and members of your party shall abide by his judgment as to sailing, weather, anchorage’s and pertinent matters.

Volunteer’s Responsibilities:

As a volunteer, you agree to assist in food preparation and to replace or make good any injury to the yacht, her furnishing, dinghy or equipment, caused by yourself or by any of your party through carelessness or neglect and to satisfy any indebtedness that may have been incurred. As a volunteer, you are legally and financially responsible for your actions while in a foreign country.

I certify that I have read and agree to the above understandings.

Applicant Signature

Date (month/day/year)

Printed name

Date

When complete, please make a copy and send it to us by mail or email to the information listed below:

Mail: Sea Mercy
Human Resources
25075 West Demming Road
Elmira, OR 97437 USA

Email: info@seamercy.org



Application

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

Complete Address:

Street: _____

City: _____ State: _____

Zip/Postal Code: _____ Country: _____

Email: _____

Phone Numbers:

Home: _____ Work: _____ (Country Code)

Cell/Mobile Number: _____

Date of birth (month/day/year): _____
Month Day Year

Passport No: _____

Drivers License No: _____

Citizenship: _____

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: _____

Applying for:

- Short-term volunteer (2 week rotation)
 Long-term volunteer (2+ week rotation) desired # of rotations: _____

I am applying for:

- Floating Health Care Clinic
 Land based opportunities
 US Based opportunities

Dates available:

From: (month/day/year) _____ To: (month/day/year) _____

Position Applying For: Go to www.seamercy.org for available positions



Please Answer the Following Questions:

If you reply “yes” to questions 2-8, please explain below or attach a separate piece of paper.

1. Are you aware that Sea Mercy is a volunteer, non-salaried organization?
 - Yes
 - No

2. Do you have any relatives/friends who have served with Sea Mercy?
 - Yes
 - No

3. Are you able to provide/raise the financial support necessary to serve with Sea Mercy?
 - Yes
 - No

4. If applying to serve as a medical professional, have you ever been named in a medical malpractice suit?
 - Yes
 - No

5. Have you ever been convicted of a criminal offense?
 - Yes
 - No

6. Have you ever been a subject of any claim or complaint, any investigation, or any disciplinary or remedial action of any kind by any entity, organization, association, church, court, or governmental authority involving allegations of dishonesty, deceit, fraud, abuse or mistreatment (physical, sexual, or emotional) of any kind of any other person, or any other act of immoral behavior?
 - Yes
 - No

7. Have you ever engaged in any misconduct, or been a subject of any allegations of misconduct, involving the abuse, mistreatment (physical, sexual, or emotional) or neglect of a child?
 - Yes
 - No

8. Are there any circumstances (medical or other) which could interfere with your meeting the requirements of the position for which you are applying?
 - Yes
 - No

Please list number linking to above explanation:



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

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 Sea Mercy.

- Medical Professional
- Captain/Crew
- Administration (Receptionist, Executive Assistant, HR Generalist, Data entry, etc)
- Communications (Print, Media, videographer, Public Relations, etc)
- 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:			



PERSONAL PROFILE

How did you hear about Sea Mercy?

- Website (which one?): _____
- Friend
- Magazine (which one?): _____
- Other: _____

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

Please explain why you wish to serve with Sea Mercy:

Authorization

While this application may be submitted to any Sea Mercy office, it will be processed at the Sea Mercy home office on Elmira, Oregon, USA. I request that this application for service, and any additional information requested, be forwarded to the Sea Mercy home office. I hereby consent and authorize an investigation of my past and/present employment and for Sea Mercy to conduct a background check relative to any matters contained in my application and any matters relevant to consideration of my service by Sea Mercy. I hereby waive any and all notice of disclosures required by my past and present employer(s).

In consideration of possible service by Sea Mercy, I hereby release and forever discharge Sea Mercy, 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

Sea Mercy 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. Sea Mercy is a 501(c)(3) tax-exempt corporation, Sea Mercy also has a code of conduct as part of our organization. Pursuant to the Civil Rights Act of 1964, 78 Stat.255, Section 702 (42 U.S.C. @2000e), Sea Mercy has the right to deny acceptance to those who do not agree and fully attest to our Sea Mercy Code of Conduct.



HEALTH HISTORY

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 Sea Mercy and must be updated and medically reviewed at least every 2 years.

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

Name: (last/surname) _____ (First) _____ (Middle) _____

E-Mail Address: _____

Phone Home: _____ Work: _____

Date of birth: _____ Age: _____ Gender: Male ____ Female ____
(month/day/year)

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

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 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 Sea Mercy. **AUTHORIZATION & CONSENT FOR TREATMENT:** Please Read Carefully I request that this Personal Health History & Physical Evaluation be forwarded to the Sea Mercy 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 Sea Mercy 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 Sea Mercy, 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



Sea Mercy Immunization Checklist

Name: _____

Date: _____

Please email info@seamercy.org with any questions.

The following are mandatory for ALL crew:

	Dates
TB skin testing PPD – most recent:	_____
Results:	_____
If positive, what size in millimeters (mm):	_____
If positive, follow-up chest x-ray results:	_____
Hepatitis A (series of 2)	_____, _____
Tetanus/Diphtheria, most recent	_____
Hepatitis B (series of 3):	_____, _____, _____

If previous BCG vaccine has been given, testing is still required.

If skin testing is contraindicated due to prior anaphylaxis or skin ulceration, a TB screening blood test can be done (Interferon-Gamma Release Assay (IGRA) such as QuantiFERON-TB Gold or T-spot TB test).



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.

Exam Date: _____ Name: _____

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: _____



ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

Name of the Activity or Event: **Sea Mercy Floating Health Care Clinic Volunteer in the South Pacific**

Date of Activity or Event: **April-October Rotations 2014 in Tonga and Fiji**

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING AND/OR VOLUNTEERING IN THIS ACTIVITY OR EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared or trained for participation in the activity or event, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity or event.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the activity/event holders, sponsors, and organizers of the activity or event in which I may participate, and that it will govern my actions and responsibilities at said activity or event.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS: **SEA MERCY** and/or their directors, officers, employees, volunteers, representatives, and agents, the activity or event holders, activity or event sponsors, activity or event volunteers;

(B) I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity or event, whether caused by the negligence of release or otherwise.

I acknowledge that Sea Mercy and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific event or activity on behalf of Sea Mercy.

I acknowledge that this activity or event may involve a test of a person's physical and mental limits and may carry with it the potential for death, serious injury, and property loss. The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, patients, officials, and event monitors, and/or producers of the event. These risks are not only inherent to participants, but are also present for volunteers.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity or event.

I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers, and assigns.

The accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. I fully and completely release Sea Mercy and any of its related parties or and from all liability, and to anyone or any entity claiming by, through or under me, by subrogation or otherwise, to fully waive and release all subrogation rights.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Print Participant's Name

Age

Signature (if under 18 years old,
Parent or guardian must also sign)

Date



PARENT / GUARDIAN WAIVER FOR MINORS (Under 18 years old)

The undersigned parent and natural guardian does hereby represent that he/she is, in fact, acting in such capacity, has consented to his/her child or ward's participation in the activity or event, and has agreed individually and on behalf of the child or ward, to the terms of the accident waiver and release of liability set forth above. The undersigned parent or guardian further agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim, or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

Print Participant's Name

Age

Signature of Parent or Guardian

Date



**Addendum and Declaration of Sea Mercy Applicant
for Fiji Health Ministry**

Full Name: _____

Citizenship: _____

Passport No: _____

Drivers License No: _____

I understand that I will be working under the guidance and direction of the Health Ministry staff of Fiji during my volunteer rotation with Sea Mercy. During that volunteer rotation:

- I undertake to comply with all relevant legislation and Council guidelines, regulations, codes & standards;
- I undertake to cooperate with the Council in all matters including complaints and disciplinary;
- I consent to the Secretariat divulging relevant practice details as it sees fit;
- I consent to the Secretariat verifying any information provided by me in this form;
- I declare that I am fit for practice in the vocation I am applying for;
- I make this declaration in the knowledge that a false statement may amount to perjury and revoke my temporary practicing certificate;
- I solemnly declare to the best of my knowledge that all information provided are true & correct;
- I undertake to uphold the Medical profession in high esteem.

Signed _____ Date: _____