NAME:

**SAMARITAN’S PURSE E.V.**

DISASTER ASSISTANCE RESPONSE TEAM

**APPLICATION**

For individuals desiring to serve short-term in international emergency response

The completion of this form enables Samaritan’s Purse e.V. (SP) to consider you for training and potential deployment in a Disaster Assistance Response Team (DART).

Please answer **only applicable information**. Please note some components of the application are addressed specifically for medical applicants and other components for all others (non-medical applicants).

All information is confidential and is only shared with appropriate personnel to facilitate your employment in an international field location.

By completing this application, you acknowledge and consent to the fact that, if you are a resident of Germany or a German speaking country in Europe, the information you provide as part of your application, including personally identifying information, may be transferred to or shared with one of the following Samaritan’s Purse affiliated entities, as is appropriate to facilitate your employment in your country of residence or international field location: Samaritan’s Purse (USA); The Samaritan’s Purse-Canada; Samaritan’s Purse UK; Samaritan’s Purse Australia.

**Please return application to: dart@die-samariter.org**

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| **GENERAL** | | | | | | | | | | | | | | | | | | | |
| Name: |  | | | | | | | | | | | | | | | | | | |
| Street: | | | |  | | | | | | | | | | | | | | | |
| Zip/Post Code: | | |  | | | City/Town: | | | |  | | | Country: | | | |  | | |
| Home Phone: | | |  | | | Cell: | |  | | | | Skype (optional): | | |  | | | | |
| Email: |  | | | | | | | | | | | | | | | | | | |
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| **EDUCATION** | | | | | | | | | | | | | | | | | | | |
| University/ School: | | | | |  | | | | Degree: | |  | | | | | Year Completed: | | |  |
| Graduate or Medical School: | | | | |  | | | | Degree: | |  | | | | | Year Completed: | | |  |
| Medical Residency: | |  | | | | | | | Medical Specialty: | |  | | | | | Year Completed: | | |  |
| Other: |  | | | | | | | | Degree: | |  | | | | | Year Completed: | | |  |
| Medical Board Certification: | | | | |  | | | | | | | | | | | | | | |
| Current Medical License Number: | | | | |  | | Where Issued: | |  | | | | | Expiration Date: | | | |  | |
|  | | | | | | | | | | | | | | | | | | | |
| **EMPLOYMENT / JOB EXPERIENCE (starting with most recent)** | | | | | | | | | | | | | | | | | | | |
| Employer:  Job Title:  Description:  From:       To | | | | | | | | | | | | | | | | | | | |
| Employer:  Job Title:  Description:  From:       To | | | | | | | | | | | | | | | | | | | |
| Employer:  Job Title:  Description:  From:       To | | | | | | | | | | | | | | | | | | | |
| Employer:  Job Title:  Description:  From:       To | | | | | | | | | | | | | | | | | | | |
| Please describe any military experience: | | | | | | | | | | | | | | | | | | | |
| Have you or do you currently work for Samaritan’s Purse? If so, please indicate the position(s) held, duration and the location(s) served: | | | | | | | | | | | | | | | | | | | |
| Please briefly share your missions and/or previous international experience. Be sure to include details related to the organization name, locations worked, dates and responsibilities: | | | | | | | | | | | | | | | | | | | |
| Have you ever served in a disaster response? If so, please indicate the location, duration and the capacity in which you served: | | | | | | | | | | | | | | | | | | | |
| Do you have experience with leading groups in complex environments? If so, please explain: | | | | | | | | | | | | | | | | | | | |

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| **SKILL SET** | | | | | |
| Please identify your competence in the following categories (**please fill in only if applicable)** | | | | | |
| *Example: Distributions* | | *I have basic knowledge of distributing items in complex environments* |  |  | *I am able to lead/coordinate a distribution* |
| Administration | none | basic | intermediate | advanced | professional |
| Computer Systems/ IT | none | basic | intermediate | advanced | professional |
| Construction/ Shelter | none | basic | intermediate | advanced | professional |
| Distributions (Non-food items) | none | basic | intermediate | advanced | professional |
| Education/Training | none | basic | intermediate | advanced | professional |
| Finance | none | basic | intermediate | advanced | professional |
| Grant Management | none | basic | intermediate | advanced | professional |
| Leadership/Management | none | basic | intermediate | advanced | professional |
| Logistics | none | basic | intermediate | advanced | professional |
| Medicine/ Public Health | none | basic | intermediate | advanced | professional |
| Nutrition | none | basic | intermediate | advanced | professional |
| Pastor Care | none | basic | intermediate | advanced | professional |
| Program Development | none | basic | intermediate | advanced | professional |
| Psychosocial Support | none | basic | intermediate | advanced | professional |
| Security | none | basic | intermediate | advanced | professional |
| WASH (**Wa**ter, **S**anitation and **H**ygiene) | none | basic | intermediate | advanced | professional |
| For skills that you would rank yourself at an ‘advanced’ or ‘professional’ level, please indicate previous training and experience: | | | | | |
| Please list any special skills or trainings that would apply to a disaster/emergency situation (i.e.: Wilderness first responder Training, Search and Rescue, Paramedic etc.): | | | | | |
| List active licenses or certifications you hold. (Examples could include medical licenses/certifications, vehicle/equipment licenses, disaster response certifications). Please include license/certification title, issuing authority, and expiration date | | | | | |
| Identify languages you speak, write or read. Please record your level of fluency as **Native, Fluent, Advanced, Intermediate, or Beginner.** | | | | | |

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| **MISSIONAL AIMS & OBJECTIVES** | | | | | | | | | | | | |
| Samaritan’s Purse International is a Christian charity providing its services to meeting critical needs of victims of war, poverty, famine, disease and natural disaster while sharing the Good News of Jesus Christ. As we are a Christian charity please explain your personal spiritual journey as a text in a separate document or through a reference document from your pastor  If attending a church, please supply the following:  Name of Church:  Website (if available): | | | | | | | | | | | | |
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| **TRAVEL** | | | | | | | | | | | | |
| Do you have a current valid passport? | | | | Yes | | | No | | | | | |
| Do you have any restrictions on international travel? | | | | Yes | | | No | | | | | |
| If Yes, please explain: | | | | | | | | | | | | |
| Countries visited in the past 3 years (optional): | | | | | | | | | | | | |
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| **DART DEPLOYMENT** | | | | | | | | | | | | |
| In which time period are you able to serve? |  | | | | | Number of Weeks available for deployment: | | | | |  | |
| Would you be able to serve in an urgent medical crisis? (**only for medical personnel**) | | | | | Yes | | | No | | | | |
| Please estimate the advance notice time that you would need prior to deploying on an emergency response. | | | | | | | | | | | | |
| Immediate Availability | | 2-5 days | Less than 2 Weeks | | | | | | Less Than 2 Months | | | |
| Are there specific months that you are more available for deployment? If so, which? | | | | | | | | | | | | |
| Would you be able to deploy for a minimum of 2-week assignments with your current schedule? | | | | | | | | | | | | |
| What is your level of comfort (how comfortable are you) with the following? | | | | | | | | | | | | |
| 1. Primitive living situations | | | | | Low | | | | | Medium | | High |
| 2. Limited hygiene options | | | | | Low | | | | | Medium | | High |
| 3. Close living quarters with others | | | | | Low | | | | | Medium | | High |
| 4. Long work hours | | | | | Low | | | | | Medium | | High |
| 5. Stressful situations | | | | | Low | | | | | Medium | | High |
| Do you have the approval of your current employer to deploy? | | | | | | | | | | | | |
| **For medical personnel only:** what are your assignment preferences (if any):  Mission Hospital  Emergency Medical Relief  Either | | | | | | | | | | | | |
| Do you know anyone who has been or is still employed by our organization? If so, please list their name(s) and your relationship | | | | | | | | | | | | |
| How did you hear about the DART Program? | | | | | | | | | | | | |

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| **CV/OTHER DOCUMENTS** |
| Along with your application, please send your CV, application letter, certificates, spiritual journey/ reference letter and any other relevant documents. |

**The Next Steps**

Please return application to: [dart@die-samariter.org](mailto:dart@die-samariter.org). Your application will be reviewed, and you will be notified as soon as possible of your status with DART Program.

Thank you for applying and being willing to serve those in need along with Samaritan’s Purse.