

Health Ministries Association is continuing to expand its programs. These ministries create opportunities for involvement in aspects of health where you may be passionate. Please take 3 minutes to provide us with a little more information about yourself. HMA will be better able to connect you to avenues of service and ministry that excite you. Your response will help us tremendously.

Name: Phone:

Address: Additional Phone:

City, State, ZIP:

E-Mail:

Occupation: Current Position:

Professional Designations / Certifications:

HMA has permission to share my contact information with other Members of the Association: Yes No

Questionnaire

Health Teams

Would you like to participate in a medical mission or health team to Central America? Yes No

If yes, in what capacity?

When might you be available?

Have you had previous experience on an international health team? Yes No

Do you have contacts for obtaining supplies and/or medications? Yes No

Do you know Spanish? Yes, some Yes, fluent No

What other language(s) do you know?

Student Mentoring

Are you interested in working with or mentoring students? Yes No

If yes, how would you prefer contact with the student?

E-Mail Phone In Person

Would you like to provide a college student health care job shadowing or internship experience?

..... Yes No If yes, how long would you consider having them involved?

Day Week Month Summer Semester

Could you help chaperone a student health professional Winter Term or health team? Yes No

Association

Please indicate in which of the following activities you may be interested to help.

..... Teach a health-related class

..... Conduct a workshop session

..... Write a health brief or newsletter article

..... Serve as a camp nurse

..... Serve as an congregational representative

..... Update website design and information

..... Post/send out HMA social media communication

..... Other skills, talents, interests

Note: This is an interactive form. You may fill out this form by typing in the highlighted areas and printing the completed form, or you may print the blank form and fill in the blanks with a pen.

Mail the completed form to: **Health Ministries Association**
1001 West Walnut
Independence, Missouri 64050-3562