

2025 Peru Mission Trip

Applicant Profile

(Please Print)

Full Name as Written on Pass	port				
Mailing Address					
City	State	_ Zip	_ E-Mail		
Passport Number:		_ Expiration D	ate:/	Date of Birth:	_//_
Mobile Number: () _					
Place of Work:		Currer	nt Position:		
My professional experience is:	: Surge	ry Anesthe	sia 🗌 PACU 🗌	Community/Public	c Health
Other			1		
If other, please describe:					
Previous Mission Experience, (Countries,	and Roles:			
I speak the following languag	e(s)			I am fluent: Y	es 🗌 No
Which trip are you applying for	or?				
Peru Community He	ealth and (Construction Ti	rip – June 6-18	(Pucallpa, Peru)	
Peru Community He	ealth Trip -	- July 25-Augu	st 6 (Juliaca, Pe	eru)	
Peru Surgical Trip -	- Septemb	er 5-17 (Juliaca	a, Peru)		
☐ I would like to join the pos	st-trip excu	ursion to Mach	u Picchu/Cusco	. The price is appro	oximately
\$1200 but will vary depending	g on the si	ze of the group	o and round trip	o flights to and from	m Cusco.

All volunteers are asked to share a room. If you know who you would like your roominate to be,
you will have the opportunity to pair up. If you would like to have your own room, the single
supplement price is \$500.
☐ Please assign me a roommate
☐ I would like to room with
☐ I would like to pay for a single supplement (\$500 additional)
AdventHealth Physicians and employees in the Mid-America Region are eligible for a \$1,000
scholarship from the Dr. Douglas and Barbara Cusick Medical Mission Endowment and
AdventHealth Kansas City Foundation.
☐ If eligible, I accept the \$1,000 scholarship
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www.adventhealthkc.com/globalmissions)
For those considering travel to Juliaca, please be aware that Juliaca is a high-altitude environment
at 12,500 feet above sea level. For this reason, we ask volunteers interested in serving in Juliaca to
answer the following health questions: Have you ever seen a heart doctor? Yes O O O
Have you ever seen a lung doctor?
In the past six months, have you noticed:
Chest pain, pressure, or squeezing?
Shortness of breath with activity or at rest?
Do you use daily inhalers?
Shortness of breath with activity or at rest?
Please write a paragraph about why you want to serve:
Signed Date/
Please submit your application to David.Kennedy1@adventhealth.com. Your application will be
reviewed by the AdventHealth Global Missions Board when all applications have been received.
While we try to accommodate all volunteers, open positions are limited. You will be notified

whether your application has been accepted as soon as the team has been finalized.