

Faith In Practice: Volunteer Application Process



Getting Started: Follow this guide to view and apply to upcoming trip(s) with Faith in Practice.

1. Go to <https://faithinpractice.org> and click the **Join a Team** button in the top-right area of the page; a new tab or window will open.
2. On the Upcoming Trips page you are redirected to, review available Faith in Practice trips and click **Apply** on the trip you wish to volunteer on.
3. On the login prompt that appears, select one of the following:
 - a. I **know** my ManagedMissions login
 - b. I **don't know** my ManagedMissions login*
 - c. I **don't have** a ManagedMissions login*

*You will be prompted to enter your email address.
A link to set your password will be sent to you.



4. Once you are signed into the volunteer portal, on the **Select a Person** page of your application, select your existing profile, if available, otherwise select New Person.



New Person

5. On the first page of the application that appears, enter your **Personal Information**.

Required Fields:

- a. *First Name*
- b. *Last Name*
- c. *Address*
- d. *Country*
- e. *State/Province*
- f. *City*
- g. *Postal Code*
- h. *Gender*
- i. *Birth Date*
- j. *Phone Number*
- k. *Phone Type*

Click **Next**.

Enter your personal info

* Indicates required field

First Name *	Nickname	
<input type="text"/>	<input type="text"/>	
Middle Name	Last Name *	
<input type="text"/>	<input type="text"/>	
Address 1 *	<input type="text"/>	
Address 2	<input type="text"/>	
Country *	State/Province *	City *
<input type="text" value="United States"/>	<input type="text" value="Select One"/>	<input type="text"/>
Postal Code *	Gender *	Birth Date *
<input type="text"/>	<input type="text" value="Select One"/>	<input type="text" value="MM/DD/YYYY"/>
Phone Number *	Phone Type *	Airline Designation for Travel Purpose only
<input type="text"/>	<input type="text" value="Other"/>	<input type="text"/>

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6. On the next page, enter your **Travel Information**.

Required Fields:

- Primary Emergency Contact: Name*
- Primary Emergency Contact: Relationship*
- Primary Emergency Contact: Phone Number*
- Primary Emergency Contact: Email Address*
- Dietary Restrictions*
- Allergies*

Click **Next**.

Update your travel info

* Indicates required field

Exact Name on Passport ⓘ	Passport Number
<input type="text"/>	<input type="text"/>
Passport Issued Date	Passport Expiration Date
<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="MM/DD/YYYY"/>
Passport Issuing Country	Nationality
<input type="text" value="Select One"/>	<input type="text" value="Select One"/>

Primary Emergency Contact

Name *	Relationship *
<input type="text"/>	<input type="text" value="Select One"/>
Phone Number *	Email Address *
<input type="text"/>	<input type="text"/>

Dietary Restrictions *

Allergies *

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7. On the next page, you may **Upload a Profile Image**; You may also skip this step for now, if needed.

Upload Profile Image

Select an image to use as your profile image

- Choose the file you want to upload
[Choose File](#) | No file chosen
- Select the portion you want to crop
- Preview your image

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8. On the next page, select up to three **Preferred Trips** you'd like to volunteer for.

Choose your trips

Preferred Trip	Second Choice Trip
<input type="text" value="Please choose a trip"/>	<input type="text" value="Please choose a trip"/>
Third Choice Trip	
<input type="text" value="Please choose a trip"/>	

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9. On the last page of the application, enter the requested **General and Medical Role Information.**

Required Fields:

- a. *T-Shirt Size*
 - b. *Medical or Non-Medical Role*
 - c. *Desired Role*
 - d. *Rate your Spanish Level*
- (More information at faithinpractice.org/spanishguide)

Click **Submit Application.**

Please answer the following questions

General Information

Employment Status

Please select one



Name of person who has referred you? (if any)

T-shirt Size*

Please select one



Volunteer Role Information

Medical or Non-Medical Role*

Please select one



Desired Role*

Please select one



Medical Role Information

If you are applying for a medical role the following information is required

Medical Designation

Required if applying for a medical role

Please select one



Board Certified

Required if applying for a medical role

Please select one



Medical License Number

Required if applying for a medical role

Medical License State

Required if applying for a medical role

Please select one



Specialty

Required if applying for a medical role

Please select one



Subspecialty (i.e. colorectal, trauma, ortho body region, etc.)

Required if applying for a medical role

Patient Age Range

Under 2 years old

2-17 years old

18+ years old

Spanish Speaking Ability

Rate your Spanish Level*

More information at www.faithinpractice.org/spanishguide

Please select one



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