



General Hospital Survey

We are grateful for your interest in World Medical Mission. Please complete this initial survey and respond with the requested documents. Upon completion of this survey, we will review and evaluate your submission and respond appropriately.

Date: _____

Contact Person's Information:

Name: _____ Title: _____

Email Address: _____

Telephone Number: _____

Hospital Information:

Name: _____

Mailing Address: _____

Website: _____

Parent Organization, Denomination, or Mission Information:

Name: _____

Mailing Address: _____

Telephone Number: _____

Describe the hospital's approach to ministry and evangelism. Also, include information about the relationship to the local church. If you need more space, please attach additional pages.

Describe the hospital facility and the services provided. If you need more space, please attach additional pages.

Please thoroughly read the attached files to understand the mission and beliefs of Samaritan's Purse. We are committed to upholding these beliefs throughout the ministry for the glory of God and the protection of our beneficiaries.

- I have read, understood, and agree with the Samaritan's Purse Statement of Faith.
- I have attached the hospital's Statement of Faith.
- I have attached the list of the board members and key leaders of the hospital.
- I have attached audited financial documents for the previous two years.
- I have attached the safeguarding policy of the hospital.

If the hospital does not have a safeguarding policy, are you willing to establish one for the hospital staff?

- Yes
- No