

**CONCERN AMERICA VOLUNTEER PROGRAM
APPLICATION FORM**

PERSONAL DATA

Name _____ Date _____

_____ Last _____ First _____ Middle Initial _____

Present address _____

City _____ State _____ Zip _____

Phone (____) _____ Day (____) _____ Eve. (____) _____ Fax _____ E-Mail _____

Permanent address _____

City _____ State _____ Zip _____ Phone
(____) _____

Emergency contact:

Name/Relationship _____

Address _____ City _____ State _____ Zip _____

Daytime phone (____) _____ Evening phone (____) _____

Next of kin:

Name/Relationship _____

Address _____ City _____ State _____ Zip _____

Daytime phone _____ Evening Phone _____

(Please inform us of any address changes)

Date of birth _____ Place of birth _____ Citizenship _____

Social security number _____ Passport number _____ / / / / / / / /
Date Issued Exp. Date Place Issued

Do you have a valid driver's license? _____ Driver's Lic # _____ State _____ Expiration Date _____

Marital status _____ Number of children _____ Ages _____

Will your partner and/or children accompany you in Latin America? _____ Give details _____

Is any person dependent on you financially or otherwise? _____ Give details. _____

Do you have any financial commitments (i.e. loans)? _____

Date available for service _____

If the space provided for your answers is insufficient, please add additional pages.

EDUCATION (GRADUATE/POST GRADUATE)

Dates	Institution	Location	Field	Degree

Professional Licenses: _____

Qualification: _____

Renewal/recertification date: _____

Will you need to meet any continuing education requirements while volunteering?

How do you plan to comply with these requirements? _____

LANGUAGES *Check all that apply*

	Bilingual	Fluent	Intermediate	Beginner
Spanish proficiency:				
Speaking ability				
Comprehension				
Reading				
Writing				

Have you formally studied Spanish? _____ Where? _____

When? _____ How long? _____ Are you bilingual? _____

Other Languages	Bilingual	Fluent	Intermediate	Beginner

Computer Skills

List computer programs you have used and your proficiency level.

Work Experience

Please attach a resume that includes your current and previous employers, their contact information, dates employed, position held, job description and reasons for leaving.

Have you ever done volunteer work nationally? _____ Where? _____

When _____ Position held _____

Have you had any formal or informal teaching/training experience? _____

Give details _____

Describe your work-style, including your strengths and weaknesses.

Have you ever worked on a team? _____

What did you learn about yourself from that experience? _____

What aspects of your work have you enjoyed most? _____

What aspects of your work have you enjoyed least? _____

SKILLS AND EXPERIENCE

Please check those areas in which you have experience:

- | | | | |
|--------------------------|------------------------|--------------------------|---------------------------|
| <input type="checkbox"/> | accounting/bookkeeping | <input type="checkbox"/> | administration |
| <input type="checkbox"/> | horticulture | <input type="checkbox"/> | hydrology |
| <input type="checkbox"/> | animal husbandry | <input type="checkbox"/> | appropriate technology |
| <input type="checkbox"/> | journalism/writing | <input type="checkbox"/> | literacy work |
| <input type="checkbox"/> | carpentry/construction | <input type="checkbox"/> | community development |
| <input type="checkbox"/> | mental health work | <input type="checkbox"/> | nutrition |
| <input type="checkbox"/> | conflict resolution | <input type="checkbox"/> | cooperatives |
| <input type="checkbox"/> | public health/heath/ed | <input type="checkbox"/> | sewing |
| <input type="checkbox"/> | ecology/environmental | <input type="checkbox"/> | engineering |
| <input type="checkbox"/> | strategic planning | <input type="checkbox"/> | substance abuse treatment |
| <input type="checkbox"/> | forestry | <input type="checkbox"/> | gender work |
| <input type="checkbox"/> | weaving | <input type="checkbox"/> | |

List your avocational interests.

INTERNATIONAL EXPERIENCE

Have you ever worked or volunteered internationally? _____ Give details: _____

Why are you interested in volunteering with Concern America? _____

How did you become acquainted with Concern America? _____

Are you applying to other organizations? _____ Please list _____

What kind of work are you most interested in doing in Latin America?

Do you have experience camping and/or living in isolated areas with minimal accommodations?

Give details. _____

Do you hold any religious, political or personal views that we should be aware of when considering you for a position?

Have you worked with any Latin American solidarity groups? _____ Please list. _____

What do you believe is the role of international development in Latin America?

What do you believe is the role of an international volunteer in Latin America?

What do you personally want to get out of your work in Latin America? _____

What do you hope to learn from those with whom you work in Latin America?

We ask for a two year commitment in writing. How long a commitment would you be able to make?

Would you consider extending beyond that time? _____ Do you have commitments to return to? _____ Specify date _____

What do you plan to do after volunteering in Latin America?

LIFE EXPERIENCE *Please attach additional sheets as necessary*

Describe any living experience you have had which was completely outside of your own cultural context.

What did you learn about yourself? _____

What did you discover as your most basic needs? _____

What difficulties arose? _____

How did you address them? _____

Have you ever lived in community or in a group setting? _____

Briefly describe the experience. _____

What issues were raised for you? _____

How did you address them? _____

What support systems did you most rely on? _____

How will you replace those that will not be present in your new environment? _____

Is there anything else you would like us to know about you? _____

REFERENCES

May we contact your present employer? _____

Please give the names, addresses and phone numbers of two references with whom you have had a professional relationship.

Name _____ Company/Organization _____

Address _____ City _____ State _____ Zip _____

Daytime Phone (____) _____ Evening Phone (____) _____

Name _____ Company/Organization _____

Address _____ City _____ State _____ Zip _____

Daytime Phone (____) _____ Evening Phone (____) _____

Please include a passport size photograph with this application form.

Please sign, date and return this form to:

**CONCERN AMERICA
2015 N. BROADWAY
P.O. BOX 1790
SANTA ANA, CA 92702
(714) 953-8576**

Signature of Applicant _____ Date _____