#  Volunteer Application

Carretera a San Felipe de Jesús No. 106

La Antigua, Guatemala, Central America

Tel#: 7832-4678

Fax: 7832-4679

Email:

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| Personal Contact Information |
| Full Name: |  | Gender:  | Marital Status:  |
| Date of Birth: (day/month/year)  |  | Age:  |
| Address: |  | City:  | State:  | Zip:  |
| Country: |  | Tel#:  | Email:  |
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| Emergency Contact Information |
| Name: |  | Relationship: |  |
| Address: |  | Tel#: |  |
| **YOUR GUATEMALA CONTACT INFORMATION** |
| Address: |  | Tel#: |  |
| Education |
| Degree Attained: |  | Institution:  | Completion Date: |  |
| Degree Attained: |  | Institution:  | Completion Date: |  |
| Degree Attained: |  | Institution:  | Completion Date: |  |
| Work History |
| Employer:  | Job Title:  | Dates: |  to  |
| Employer:  | Job Title:  | Dates: |  to  |
| Employer:  | Job Title:  | Dates: |  to  |
| How did you hear about Asociación Nuestros Ahijados? |
| Spanish Speaking Ability: | Click here to select one. |
| Other Qualifications:(i.e. TEFL, ESL, etc.) |  |

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| Volunteer Interests |
| **please select all that apply** |
| [ ]  Dreamer Center Elementary School | [ ]  Casa Jackson Malnutrition Center | [ ]  Scheel Center Vocational School |
| [ ]  Santa Madre Homeless Shelter | [ ]  I.T.E.M.P. | [ ]  Mother’s Club |
| [ ]  Medical Clinic | [ ]  Psychology Clinic | [ ]  Dental Clinic |
| [ ]  Social Work Department | [ ]  Administrative Offices | [ ]  Other  |

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| Availability |
| **Start Date:**  |  | **End Date:** |  |
| **please select all that apply** |
| [ ]  Monday[ ]  Tuesday[ ]  Wednesday[ ]  Thursday[ ]  Friday[ ]  Weekends | [ ]  Mornings[ ]  Afternoons[ ]  EveningsPlease note that the Homeless Shelter is the only service available during the evenings |

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| Medical Information |
| How would you appraise your present health?  |
| Are you under the care of a doctor or other practitioner for any reason? [ ]  No [ ]  YesIf yes, please describe:  |
| List any prescription medications you are currently taking:  |
| Do you suffer from any of the following conditions? 🡪  | [ ]  AllergiesPlease describe: [ ]  Heart ProblemsPlease describe: [ ]  DiabetesPlease describe: [ ]  Mental Health IssuesPlease describe:  |
| Do you have health insurance? [ ]  No [ ]  Yes |
| Does your health insurance plan cover you abroad? [ ]  No [ ]  Yes |
| Health Insurance Company Name:  | Plan#:  |

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| Motivational Statement |
| What do you hope to accomplish from a volunteer experience with Asociación Nuestros Ahijados? |

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| Signature |
| **PLEASE SIGN ONCE YOU ARRIVE IN GUATEMALA!****By signing, you agree that all information on this application is accurate and complete. Asociación Nuestros Ahijados would like to thank you for your interest in helping the poverty stricken children and families of Guatemala. We hope this will be a great experience for you and we look forward to making you a part of our family!** |
| **Signature:**  | **Date:**  |

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| Sexual Misconduct Policy |
| The GOD´S CHILD Project and the Asociación Nuestros Ahijados expect their volunteers, employees, Board members, children, and other participants to honor God´s intention with regard to the gift of sexuality. Therefore, responsible participants are aware that inappropriate sexual activity abuses the power and authority of our educational and developmental roles, is contrary to our principles, and is outside the scope of the duties of our vocation and participation. All participants of The GOD´S CHILD Project and the Asociación Nuestros Ahijados must comply with applicable state, local and national laws regarding actual, alleged, or suspected sexual misconduct and harassment, and with the procedures outlined within this program. Sexual misconduct is unwelcome sexual advances under and above 18 years old – included children, staff and volunteers or any other person who is involved with Asociación Nuestros Ahijados or The GOD´S CHILD Project, requests for sexual favors, and other verbal or physical conduct of a sexual nature when **(1)** submission to such conduct is made either explicitly or implicitly a term or condition of another individual´s participation in the program, **(2)** participation in the act affects the decision making of the individual, **(3)** such conduct has the purpose of affecting or unreasonably interfering with an individual´s work performance or **(4)** when it creates an intimidating, hostile, or offensive working environment. Categories of harassment and/or misconduct are: **(a)** uninvited letters, telephone calls, visits, or materials of a sexual nature; **(b)** uninvited sexually aggressive looks, touches or gestures; **(c)** uninvited pressure for sexual favors; **(d)** uninvited pressure for dates; **(e)** uninvited sexual teasing, jokes, remarks or questions, or suggestions, that indicate that women or men should not hold certain positions because they are not capable of carrying out certain functions; **(f)** dating or intimate sexual relationships between those who are employees or volunteers and those who are recipients of the services the programs provide; **(g)** dating or intimate sexual relationships with a person ***under*** the legal age of 18, regardless of their affiliation with the program; **(h)** sexual conduct or molestation of any type with a child; and **(i)** attempted or actual rape or sexual assault. Any person who disobeys these policies will be subject to punishment not only by the project, but also by law. |

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| Volunteer Liability |
| **PLEASE SIGN ONCE YOU ARRIVE IN GUATEMALA!**I agree not to hold liable or responsible Asociación Nuestros Ahijados or its staff from any damage to or loss of personal property, sickness or injury which may occur while participating with this organization. It is my understanding that Asociación Nuestros Ahijados will take the needed precautions to minimize the chances of any incident occurring during the volunteer experience, and will endeavor to seek appropriate assistance, if and when needed, but will not be held responsible or liable. |
| **Signature:**  | **Date:**  |

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| Photo Release |
| **PLEASE SIGN ONCE YOU ARRIVE IN GUATEMALA!**I grant Asociación Nuestros Ahijados, its representatives and employees the right to take photographs and/or videos while participating with the program. I agree that Asociación Nuestros Ahijados may use such photographs, film footage, or tape recordings of me for any lawful purpose, including such purposes as publicity, illustration, advertising and Web content. |
| **Signature:**  | **Date:**  |

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| Additional Comments or Requests |
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