



## Volunteer Application

### Personal Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

Passport # \_\_\_\_\_

Profession or course of study

\_\_\_\_\_

How did you hear about Planting Seeds of Empowerment?

\_\_\_\_\_

Country \_\_\_\_\_

Date of Birth: xx/xx/xxxx \_\_\_\_\_

### Experience

Please select any and all that apply to your experience

- English as a 2nd language  Arts and Crafts  Sports and Fitness Training  Swimming  
Lifeguard  Psychology / Mental Health  Computers  Special needs  Music / the arts  
 Carpentry / construction  Medical  Dental  Nutrition

Please tell us how proficient you are in Spanish

Reading \_\_\_\_\_

Writing \_\_\_\_\_

Speaking \_\_\_\_\_



Have you ever worked with children or adolescents?

Yes  No

If yes, in what capacity? \_\_\_\_\_

Describe your present or previous occupation

Tell us about your current occupation or your previous occupation. Please be specific.

\_\_\_\_\_

Have you ever worked or volunteered in a developing country before?

Yes  No

If yes, When? Where? \_\_\_\_\_

What are your hopes for your volunteer experience? \_\_\_\_\_

\_\_\_\_\_

Do you have any health concerns or medical restrictions?

Yes  No

If yes, please explain \_\_\_\_\_

Do you have any allergies?

Yes  No

If yes, please describe \_\_\_\_\_

Do you have any dietary restrictions?

Yes  No

If yes, please explain \_\_\_\_\_

In case of an emergency, please provide your foreign travel health insurance information

**Note: Proof of Insurance is REQUIRED before traveling to Honduras and the insurance has to be accepted in Honduras. See link below for more information as an acceptable foreign travel**



insurance plan. . <http://www.sevencorners.com/insuranceplans/> You will not be confirmed as a volunteer if you do not provide acceptable health/travel insurance before your arrival.

**What dates are you available to volunteer?**

From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_

## **Emergency Contact Information**

### **Emergency Contact #1 Information**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Country: \_\_\_\_\_

### **Emergency Contact #2 Information**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_



Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Country: \_\_\_\_\_

\_\_\_\_\_

**Please add a recent photo and a brief description of your educational background, skills, job experience, volunteer experience and travel experience.**

**Please tell us about your educational background, skills, job experience, volunteer experience and travel experience.**

### **Reference Information**

**Please provide the names and address of 3 references other than family who have known you for at least 3 years.** We require one reference to be a Professional work reference at the level of a Manager or above. If you are not yet working, please provide a reference from a Professor from a reputable educational institution. Email and phone number both have to be provided along with a letter from either the professional work reference or the educational reference on company or school letterhead.

**Reference #1**

**Reference #2**

**Reference #3**

**Note:** A donation of \$100 per person is required and can be given online once you have been accepted as a volunteer to confirm your placement. You can do this when you get your airline tickets and before your arrival. Click on the '**Donate Now**' button at the top of any page of our website to make your donation at [www.psehondurass.org](http://www.psehondurass.org). This donation helps to pay for volunteer administrative and transportation costs.

