



## Volunteer Application

Please select your area of interest:  Administrative  Events  Mission Trips

### Personal

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?** \_\_\_\_\_

**Health Information:**

*(Note: any health information you share is **strictly confidential**)*

**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 \_\_\_\_\_

### **Insurance Plan:**

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**

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

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

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

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

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

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



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

### **Emergency Contact #2**

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.** \_\_\_\_\_

\_\_\_\_\_

### **Reference Information:**

**Please provide the names, phone numbers and email addresses of 3 professional references (other than family members) who have known you for at least 3 years.**

**Students** are encouraged to provide letters of recommendation from teachers, professors, clergy, et al. Please ensure the names, telephone numbers and email addresses are included.

**Reference #1**

**Reference #2**

**Reference #3**



## **Attention Mission Trip Applicants:**

*A **non-refundable** deposit/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 prior to arrival. Click **Donate Now** here or on any page of our **website**. This donation helps pay for volunteer, administrative, and transportation costs.*

## **Questions? Contact us:**

**Email us:** [psehonduras@gmail.com](mailto:psehonduras@gmail.com)

**Call us:** 1+954-290-2777

**Facebook:** [facebook.com/PSEHonduras/](https://facebook.com/PSEHonduras/)