

**CONCERN AMERICA VOLUNTEER PROGRAM  
APPLICATION FORM**

**PERSONAL DATA**

Date \_\_\_\_\_

Name

\_\_\_\_\_  
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 selected, for your annual home visit, which international airport is closest to your home city?

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	group facilitation	<input type="checkbox"/>	administration
<input type="checkbox"/>	horticulture	agriculture	<input type="checkbox"/>	hydrology
<input type="checkbox"/>	animal husbandry	income generating projects	<input type="checkbox"/>	appropriate technology
<input type="checkbox"/>	journalism/writing	art /design	<input type="checkbox"/>	literacy work
<input type="checkbox"/>	carpentry/construction	marketing	<input type="checkbox"/>	community development
<input type="checkbox"/>	mental health work	community organizing	<input type="checkbox"/>	nutrition
<input type="checkbox"/>	conflict resolution	photography	<input type="checkbox"/>	cooperatives
<input type="checkbox"/>	public health/heath/ed	dentistry	<input type="checkbox"/>	sewing
<input type="checkbox"/>	ecology/environmental	social work	<input type="checkbox"/>	engineering
<input type="checkbox"/>	strategic planning	typing	<input type="checkbox"/>	substance abuse treatment
<input type="checkbox"/>	forestry	other	<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 \_\_\_\_\_