

VOLUNTEER APPLICATION

Instructions: Print this application form and fill it out per instructions. Prepare a personal check, cashier's check or money order in the amount of \$50.00 USD.

Make all checks payable to Guatemala Children's Project.

Mail your completed application, together with your application fee and a picture of yourself (a good face shot) to: Guatemala Children's Project, 2296 S. 2250 E, St.George, Utah 84790

Applicant information is held in strict confidence. If you have any questions regarding this application form, please contact us at infohcp@guatemalachildrensproject.org

After acceptance, communication by e-mail is used most frequently, so we strongly encourage applicants to set up an e-mail account and check it frequently.

PLEASE TYPE OR PRINT CLEARLY (in ink). FILL IN COMPLETELY

<hr/>			
1. Last Name	First Name	Middle Name	
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2. Mailing Address	(Street, City, State, Zip)	Telephone Number	
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3. Current Cell Phone #	E-mail Address	Passport # and Exp.Date	
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4. Date of Birth	Sex (M/F)	Social Security #	Driver's License # & State
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5. Martial Status	Name of Spouse (if married)		
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6. Mother/Guardian's Name	Address	Telephone#	E-Mail Address
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7. Father/Guardian's Name	Address	Telephone#	E-Mail Address

(For questions 8, 9 use a separate sheet of paper)

8. Please list five (4) personal references including full name, phone number, (work, home, cell), city and state. The easier references are to get a hold of, the faster your applications will be processed. Please no boyfriends/girlfriends., best friends, roommates or close family members as references.

9. **HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE:** **YES NO**
If yes, please give full details, including the date(s) and the locations(s) of the offense.

EMPLOYMENT HISTORY

May we contact your present employer without jeopardizing your current employment **YES NO**

LIST PRESENT EMPLOYER FIRST. List ALL previous employment for the last (3) years. (if additional space is necessary, please use a separate sheet of paper and follow the format below)

Company Name _____	Company Name _____
Name of Supervisor _____	Name of Supervisor _____
Telephone # _____	Telephone # _____
Dates Employed – From _____ To _____	Dates Employed – From _____ To _____

EDUCATION

High School _____	College/University _____
City & State _____	City & State _____
Year Graduated _____	Telephone _____
	Number of Years Attended _____
	Degree/Date Graduated _____

PROGRAM SCHEDULE

Please indicate 1st choice, 2nd choice and 3rd choice dates you are willing to serve.

2009- 2010 – 12 week Program

___ May 14, 2009 – August 6th, 2009

___ July 30, 2009 – October 22, 2009

___ October 15, 2009 – January 7, 2010

2009 — 4 week Program

___ June 4, 2009 – July 2, 2009

___ July 2, 2009 – July 30, 2009

___ August 6, 2009 – September 3, 2009

___ October 8, 2009 – November 5, 2009

___ November 12, 2009 – December 10, 2009

1 Week stay – open anytime depending (availability) on the number of volunteers already accepted at any of the dates listed above. 4 week notice will be required.

Please Complete the Following Information on a separate sheet of paper.

1. Please list all high school and college foreign language classes along with any practical conversation experience.
2. Describe any childcare training or experience.
3. List any leadership experience you've had associated with your job, community, church, etc..
4. List any experience you've had working with our leading young adults.
5. List any volunteer experiences you have had or activities you have participated in.
6. Please list any skills or hobbies, (i.e. musical instrument, dance, song, handicrafts etc..)