

# GUAMAP Volunteer Application

(ver 07/09)

## Step 1: Personal & Account Information

Full Name (as on passport) \_\_\_\_\_

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

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

City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone (area code) \_\_\_\_\_

Date of Birth 07/26/84 Gender \_\_\_\_\_

Race/Ethnicities \_\_\_\_\_

Marital Status \_\_\_\_\_

Person(s) for whom you are responsible by age \_\_\_\_\_

## Step 2: Passport Information

Passport Number \_\_\_\_\_ Country \_\_\_\_\_

Expiration Date \_\_\_\_\_ Where Issued \_\_\_\_\_

Countries of Citizenship \_\_\_\_\_

## Emergency Contact

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

## Step 3: Skills

Other language(s) spoken \_\_\_\_\_

Describe language experience \_\_\_\_\_

I have skills in the following health areas: \_\_\_\_\_

Number of years in practice (beyond degree training) \_\_\_\_\_

Type(s) of practice (clinic, hospital, etc) \_\_\_\_\_

Medical Training - Where Completed and With Whom? \_\_\_\_\_

Briefly describe your practice \_\_\_\_\_

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Describe any teaching experience in your area of expertise relevant to the work of GUAMAP. \_\_\_\_\_

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What strengths do you bring to this work? \_\_\_\_\_

## Step 4: Cultural Experience

Briefly describe and give dates of experience \_\_\_\_\_

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Briefly explain your interest in working with indigent populations of Guatemala, including indigenous peoples \_\_\_\_\_

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List any affiliation with an organization doing work in Central America

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Would the organization help financially sponsor your volunteer work?

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Other involvement

## Step 5: Health Conditions

List any current prescriptions / regularly taken medicine: \_\_\_\_\_

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Stressful event(s) experienced: \_\_\_\_\_

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## Step 6: References

1. Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone no. \_\_\_\_\_

e-mail \_\_\_\_\_

2. Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone no. \_\_\_\_\_

e-mail \_\_\_\_\_

3. Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone no. \_\_\_\_\_

e-mail \_\_\_\_\_

## Step 7: Sign and date

### **READ THE FOLLOWING STATEMENT CAREFULLY, SIGN AND DATE**

I hereby certify that I have carefully read the GUAMAP VOLUNTEER CRITERIA and completed the GUAMAP VOLUNTEER APPLICATION and am interested in participating in the work of GUAMAP with populations in need in Guatemala. I understand that selection for this work further requires an interview, verification of my references, and further orientation prior to travel and other such criteria. I am willing to supply copies of certified professional medical credentials if approved. I further certify that my answers to all the question on this application are true and complete to the best of my knowledge.

\_\_\_\_\_

**Signature**

\_\_\_\_\_

**Date**