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**Guatemala Long-Term Ministry Application**

**Personal Information**

Please complete the following questions and return your completed application to Attn: Fr. John Hynes, Saint Catherine of Siena Church, 2503 Centerville Road, Wilmington, DE 19808. Please contact Al Drushler at [aldrushler@gmail.com](mailto:aldrushler@gmail.com) or (302) 633-1977 or Father John Hynes at (302) 633-4915 if you have any questions about this application and/or the application process. Please type or print in ink. Double click to check the boxes appropriately.

Name: Click here to enter text. Date: Click here to enter a date.

Estimated Dates you wish to volunteer (start & end): Click here to enter text.

Email: Click here to enter text.

Phone: Click here to enter text.

Address: Click here to enter text.

Top of Form

Gender (check one): Male Female

Bottom of Form

Date of Birth: Click here to enter a date.

What country is your passport from? Click here to enter text.

What is your occupation or course of study? Click here to enter text.

How did you learn about the Guatemala Long-term Ministry? Click here to enter text.

**Prior Volunteer Experience**

Please check any of the following areas where you have had experience. In the space next to the area, describe briefly your experience:

Top of Form

Teaching: Click here to enter text.

Bottom of Form

Top of Form

TELF (teaching English): Click here to enter text.

Bottom of Form

Top of Form

Teaching use of computers: Click here to enter text.

Bottom of Form

Top of Form

Special needs children: Click here to enter text.

Bottom of Form

Top of Form

Arts and craft: Click here to enter text.

Bottom of Form

Top of Form

Singing, music, drama. Do you play a musical instrument? (check one) Yes / No,

Which instrument(s) Click here to enter text.

Bottom of Form

Top of Form

Team building/group skills: Click here to enter text.

Bottom of Form

Top of Form

Social work: Click here to enter text.

Bottom of Form

Top of Form

Psychology: Click here to enter text.

Bottom of Form

Top of Form

Management: Click here to enter text.

Bottom of Form

Top of Form

Construction/carpentry: Click here to enter text.

Bottom of Form

Top of Form

Computer repair or programming applications: Click here to enter text.

Bottom of Form

Top of Form

Sports & fitness: Click here to enter text.

Bottom of Form

Top of Form

Nutrition: Click here to enter text.

Bottom of Form

Top of Form

Nursing/medicine: Click here to enter text.

Bottom of Form

Top of Form

Other (Please Specify): Click here to enter text.

Bottom of Form

Top of Form

On a scale of 1 – 5, with 5 as best, how well do you speak Spanish? (check one) 1 2 3  4 5

Bottom of Form

Top of Form

On a scale of 1 – 5, with 5 as best, how well do you read Spanish? (check one) 1 2 3 4 5

Bottom of Form

Top of Form

On a scale of 1 – 5, with 5 as best, how well do you write Spanish? (check one) 1 2 3  4 5

Bottom of Form

Top of Form

Have you ever worked with children or adolescents? (check one) Yes / No

Bottom of Form

If Yes, in what capacity? Click here to enter text.

Top of Form

Have you ever volunteered or worked in a developing country before? (check one) Yes / No

Bottom of Form

If yes, where, when, and what did you do? Click here to enter text.

What are your hopes for your ministry experience? Why do you want to volunteer?

Click here to enter text.

**Health Information**

Will you be covered under a health insurance plan during your entire volunteer experience?

Top of Form

(check one) Yes / ☐No

Bottom of Form

If yes, please provide the name of the insurance provider: Click here to enter text.

Please provide the Group ID Number: Click here to enter text.

Please provide the Member ID Number: Click here to enter text.

Top of Form

Will this health insurance provide coverage while in Guatemala? (check one) Yes / No

Bottom of Form

Top of Form

Do you have any health issues that might affect your work? (check one) Yes / No

Bottom of Form

If yes, please explain your health concerns. Please also note any allergies or dietary restrictions. Please list all medications that you are currently taking or have taken in the last year.

Click here to enter text.

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| --- | --- | --- |
|  | **Emergency Contact #1** | **Emergency Contact #2** |
| First Name | Click here to enter text. | Click here to enter text. |
| Last Name | Click here to enter text. | Click here to enter text. |
| Phone number (include country code) | Click here to enter text. | Click here to enter text. |
| Email address | Click here to enter text. | Click here to enter text. |
| Country of residence | Click here to enter text. | Click here to enter text. |
| Relationship to applicant | Click here to enter text. | Click here to enter text. |

Note: A physical health examination by a doctor and a dental exam by a dentist will be required once accepted into the Solidarity Partners Volunteer Program.

**Education**

Please list any education beyond high school starting with the most recent.

|  |  |  |
| --- | --- | --- |
| **Institution (include address)** | **Degree** | **Date of Completion** |
| Click here to enter text. | Click here to enter text. | Click here to enter a date. |
| Click here to enter text. | Click here to enter text. | Click here to enter a date. |
| Click here to enter text. | Click here to enter text. | Click here to enter a date. |

Top of Form

Do you have outstanding student loan debt? (check one) Yes / No

Bottom of Form

Please provide your monthly student loan payment: Click here to enter text.

Please write a short essay describing your strengths and weaknesses with regard to this mission trip.

Click here to enter text.

Please provide the names & contact information for the three references you have asked to provide a reference on your behalf, and indicate your relationship with them.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Reference** | **Phone Number** | **Address** | **Relationship** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
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Signature Date

**Please mail this completed application and other correspondence to:**

**Fr. John Hynes**

**Saint Catherine of Siena Church**

**2503 Centerville Road**

**Wilmington, DE 19808**

Once we have received your application, you will be contacted by a member of the committee. Please write below or on back of page any specific questions that you may have.