



globalsolidaritypartnership

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 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.

Name: _____ Date: _____

Estimated Dates you wish to volunteer (start & end): _____

Email: _____

Phone: _____

Address: _____

Gender: _____

Date of Birth: _____

What country is your passport from? _____

What is your occupation or course of study? _____

How did you learn about the Guatemala Long-term Ministry?

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:

___ Teaching

___ TELF (teaching English)

___ Teaching use of computers

___ Special needs children

___ Arts and craft

___ Singing, music, drama. Do you play a musical instrument? Yes / No, Which instrument(s)

___ Team building/group skills

___ Social work

___ Psychology

___ Management

___ Construction/carpentry

___ Computer repair or programming applications

___ Sports & fitness

___ Nutrition

___ Nursing/medicine

___ Other (Please Specify)

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

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

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

Have you ever worked with children or adolescents? Yes / No

If Yes, in what capacity?

Have you ever volunteered or worked in a developing country before? Yes / No

If yes, where, when, and what did you do?

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

Health Information

Will you be covered under a health insurance plan during your entire volunteer experience? Yes / No

If yes, please provide the name of the insurance provider: _____

Please provide the Group ID Number: _____

Please provide the Member ID Number: _____

Will this health insurance provide coverage while in Guatemala? Yes / No

Do you have any health issues that might affect your work? Yes / No

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.

	Emergency Contact #1	Emergency Contact #2
First Name		
Last Name		
Phone number (include country code)		
Email address		
Country of residence		
Relationship to applicant		

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

Do you have outstanding student loan debt? Yes / No

Please provide your monthly student loan payment: _____

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

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

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.