



**APUFRAM International**  
P.O. Box 10085  
Russellville, AR 72812

## **Individual Volunteer Application**

### **Personal Information**

Full Name: \_\_\_\_\_ Name you go by: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_ Sex: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_

E-mail address: \_\_\_\_\_ Fax: \_\_\_\_\_

Dates available to begin service (month and year): \_\_\_\_\_

Contemplated length of commitment: \_\_\_\_\_

How did you hear about APUFRAM? \_\_\_\_\_

### **Employment status**

Employed  Student  Retired  Other \_\_\_\_\_

Profession: \_\_\_\_\_ Highest Ed. Completed \_\_\_\_\_

Current Employer: \_\_\_\_\_ How long \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

### **Emergency Contact**

Please list someone who we would be able to contact in case of an emergency.

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Phone: (home) \_\_\_\_\_ (work/cell) \_\_\_\_\_

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

**APUFRAM Application for Individual Volunteers**

**Health**

1. How would you describe your health? \_\_Excellent \_\_Good \_\_Fair \_\_Poor

Comments:

2. Are there any medical or psychiatric conditions which might affect your service (disabilities, chronic illness, medication, allergies, respiratory problems, etc.)? If yes, please describe:

**Language Skills**

Language	Years Spoken or Studied	Proficiency (some, moderate, fluent)
----------	-------------------------	--------------------------------------

_____	_____	_____
_____	_____	_____
_____	_____	_____

**Education**

School	Location	Major/Degree	Date of Graduation
--------	----------	--------------	--------------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Work Experience**

Position	Company Name	Location	Dates of Employment
----------	--------------	----------	---------------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**APUFRAM Application for Individual Volunteers**

**Volunteer and Community Service Experience-** Please list any previous volunteer experiences.

---

---

---

---

**International Traveling Experience-** Please list any experiences traveling outside the United States.

<b>Purpose</b>	<b>Location</b>	<b>Dates</b>
----------------	-----------------	--------------


**Skills and Talents-** (carpentry, music, teaching, athletic, artistic, sewing, etc.)

---

---

---

---

**Awards and Accomplishments**

---

---

---

---

**References-** Please list the names of two people who can serve as references for you. All references need to fill out the “reference form,” which can be found on the APUFRAM website.

<b>Name</b>	<b>Relationship</b>	<b>E-mail Address</b>
-------------	---------------------	-----------------------


## APUFRAM Application for Individual Volunteers

### Transport of Items

You group may be asked to transport items for APUFRAM International. Do you agree to transport to Honduras those items requested by APUFRAM International or its associates? \_\_\_\_\_

### Background Check

I certify that the information in this Volunteer Application is true, correct, and complete to the best of my knowledge. I authorize APUFRAM International to verify any and all information I provided by contacting appropriate sources. I understand that for the protection of volunteers and children, all adults (age 18 and up) must voluntarily authorize a background check. I hereby authorize such background check.

Signature\_\_\_\_\_

Date\_\_\_\_\_

### VIRTUS Training

All individual volunteers are required to be trained in VIRTUS (Protecting God's Children) on child sexual abuse awareness. If you have been through a VIRTUS training, please include a copy of your certificate with your application. If you have not been through VIRTUS training, please go to [www.virtusonline.org](http://www.virtusonline.org) to find a training session in your area.

### Warning about Diseases

IMPORTANT: The United States Centers for Disease Control (CDC) and APUFRAM International encourage visitors to APUFRAM and its surroundings to be safe outdoors. Diseases associated with mosquitoes, ticks and other insects and animals are prevalent in Honduras and in the Dominican Republic. When outdoors, please take necessary precautions as suggested by the Centers for Disease Control. Please visit the following websites for more information:

<http://www.cdc.gov/Features/SafetyOutdoors/>

<http://wwwnc.cdc.gov/travel/destinations/traveler/none/honduras>

<http://wwwnc.cdc.gov/travel/destinations/traveler/none/dominican-republic>

## APUFRAM Application for Individual Volunteers

### Release of Liability

In consideration of APUFRAM / APUFRAM International accepting this application for a mission trip, I, my heirs, assigns, executors and personal representatives, and for parents/guardians, on behalf of my child/ward, release, hold harmless, and discharge forever APUFRAM / APUFRAM International, their staffs, officers, directors, employees, volunteers, agents, sponsors, promoters and affiliates from any and all liability, claim, loss, damage, cost or expense and waive any such claims against any such person or organization arising directly or indirectly from or attributable in an legal way to any action or omission to act of any such person or organization in connection with the sponsorship, organization, and involvement in all activities, occurrences, and consequences-- to include health, sanitation and safety exposures-- related to the mission trip. The mission trip includes all time related to preparation for the trip, travel to and from Honduras or the Dominican Republic, and the duration of the visit in either country.

Should emergency medical treatment be necessary and I am unable to act on my own behalf, or in the case of a parent/guardian, my child/ward, and I am unable to act on their behalf, I authorize the delegated group leader or the person in charge at APUFRAM to approve appropriate medical treatment. Neither I nor my child/ward has any health-related reasons or conditions that could in any way preclude or restrict full participation in the mission trip.

I have read and understand all of the rules and policies of APUFRAM provided on the website at [www.apufram.org](http://www.apufram.org) and agree to abide by these policies and rules. It is the firm policy of APUFRAM that no one has permission to visit the mission without VIRTUS Training, background check, and the appropriate signature / release forms.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If you are planning on staying for more than 14 days, please answer the following questions. Each answer should be 1 to 2 paragraphs in length.**

1. Why, at this particular time in your life, do you feel called to volunteer in Honduras?
2. Have you recently experienced a major life event (death, divorce, romantic break up, job loss, etc.)?
3. What do you hope to gain or achieve through your volunteer experience?
4. What do you expect will be challenging about volunteering in Honduras?
5. Describe a previous volunteer experience and the impact it had on your life.
6. What experiences have you had interacting with young children? What do you like most about working with young children? What is most difficult?
7. What is your greatest strength? What is your greatest weakness?
8. Describe a time in your life when you were challenged. How did you handle this challenge? What did you learn from the experience?
9. APUFRAM volunteers live in community. How do you see yourself fitting into the community?
10. What would you do if a conflict arose with another volunteer?
11. What does spirituality mean to you? How do you express your relationship with God?

### APUFRAM Application for Individual Volunteers

12. How does your faith influence your values and choices?

14. What is the role of prayer in your life?

15. What are your expectations for personal and communal prayer while volunteering in Honduras?

**Please rate yourself on the following characteristics (5 = high, 1 = low)**

	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
Adaptability					
Cleanliness					
Communication					
Creativity					
Decision-making					
Dependability					
Initiative					
Leadership					
Maturity					
Motivation					
Openness to Direction					
Sense of Humor					
Sensitivity to others					
Sociability					
Teamwork					
Time Management					

**Please e-mail completed application to [volunteer@apufram.org](mailto:volunteer@apufram.org)  
with the subject line "Application for (your name)."**