



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

## **Group Volunteer Application**

**\*\*Groups are required to pay \$15/person/day to defray the costs of room/board\*\***

### **Group Information**

Requested Dates (arrival and departure): \_\_\_\_\_ to \_\_\_\_\_

\* Please note: All arrivals and departures should be scheduled Monday thru Saturday to/from Tegucigalpa. Your group will be required to fill out a transportation form once dates are confirmed.

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

Type of Group (High school, college, parish, medical mission, etc.) \_\_\_\_\_

Approximate size of group \_\_\_\_\_

Has your group (parish, school) been to Honduras before? \_\_\_\_\_

If no, where did you learn about APUFRAM? \_\_\_\_\_

### **Group Leader Information**

Group Leader Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Address where information from APUFRAM should be sent:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*All groups are required to have one member (preferably the group leader) trained in VIRTUS (Protecting God's Children) child sexual abuse awareness.**

Is the group leader VIRTUS (Protecting God's Children) trained? \_\_\_\_\_

If not, please give the name of a person in the group who is VIRTUS trained \_\_\_\_\_

Please send a copy of the VIRTUS certificate along with your application. If no one in your group is VIRTUS trained, please go to [www.virtusonline.org](http://www.virtusonline.org) to find a training session in your area.

\*Your 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? \_\_\_\_\_

**\*\*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 additional 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>

**Please answer the following questions regarding your group. Use separate sheet to answer, if needed.**

1. Describe your group's purpose and goals while in Honduras.
2. How were group members selected to participate in this trip?
3. Have group members been made aware of the rules and policies of APUFRAM? How was this done? Has each person agreed to follow these rules and policies?
4. In what ways has your group prepared for this trip (mentally, spiritually, logistically, etc.)?
5. How were group leaders chosen for this trip? Please provide information on leader's qualifications (previous leadership experience, previous mission trips, etc.). Does the leader of the group know each group member well enough to be willing to be held responsible for his/her behavior while on the trip?
6. Are there any members of the group with physical limitations for work projects? Does anyone in the group have special dietary needs?
7. List any special skills of group members (carpentry, teaching, sewing, artistic, fluency in Spanish, etc.).
8. Describe below any additional information that would be helpful in the planning for your group.

Please complete and send via email to [volunteer@apufram.org](mailto:volunteer@apufram.org) using the subject line "Group Application for (group name)".