***Creating Opportunities for Guatemalans***

***Asociación Creando Oportunidades***

**Volunteer Application Form**

Please complete all sections of this application form and return it to: Vicki@creatingopportunitiesforguatemalans.org. Please note that we maintain our files electronically and it is important to complete this form in the Word file format as it has been sent to you. Then attach it to your return e-mail to us. Please do not save it in another file format or cut and paste it into your e-mail. Thank you for your help with this. Please put your answers in **blue** text.

**SUBMITTAL DATE:**

(*day/****name of month****/year*):

**PERSONAL INFORMATION**

Name of applicant (First-Last):

Permanent Street Mailing Address:

City:

State/Department/Province:

Zip/Postcode:

Country:

Email Address:

Phone (including country and area code):

Country of citizenship:

Passport Number:

Date of birth (*date/****name of month****/year*):

Intended date to start volunteering (*date/****name of month****/year*):

Intended date to end volunteering (in *date/****name of month****/year*):

**EMERGENCY CONTACT INFORMATION**

Name of Emergency Contact (First-Last):

Relationship with contact:

Permanent Mailing Address of Emergency Contact:

City:

State/Department/Province:

Zip/Postcode:

Country:

Email Address:

Phone (including country and area code):

**GENERAL INFORMATION**

**How did you hear about volunteer opportunities with *Creating Opportunities for Guatemalans*?**

▢Website

▢Volunteer Name:  Relationship (friend, relative, etc.):

▢Newsletter

▢School Name:

▢Religious organization Name:

▢Other Details:

**Please answer YES or NO to the following:**

**▢** I have been to Guatemala before.

 If yes, in what capacity?

▢ I have volunteered with ***Creating Opportunities for Guatemalans*** before.

 If yes, when and in what capacity?

▢ I am a sponsor of a child at ***Creating Opportunities for Guatemalans***.

 If yes, what is the child’s name and approximate age?

▢I will be visiting a sponsored child of another person while I am at ***Creating Opportunities for Guatemalans***.

 If, yes what is the child’s name and approximate age?

**Please Highlight in blue the category that best describes you:**

My Spanish language ability is: ▢None ▢Beginning ▢Intermediate ▢Advanced

My Spanish language ability at the time I expect to start volunteering:

 ▢None ▢Beginning ▢Intermediate ▢Advanced

My English language ability is: ▢None ▢Beginning ▢Intermediate ▢Fluent

Do you want to work directly with children? ▢Yes ▢No ▢Not sure

**I have worked professionally or have experience volunteering in the following areas:**

**(Please answer YES any that apply)**

1. ▢ Classroom/ 6-9 year-olds
2. ▢ Classroom/ 10-13 year-olds
3. ▢ Classroom/13-16 year-olds
4. ▢ Coaching/Sports
5. ▢ Teaching – ESL
6. ▢ Teaching – Special Needs
7. ▢ Teaching – Adult Literacy
8. ▢ One-on-one Tutoring
9. ▢ Medical Professional
10. ▢ Dental Professional
11. ▢ Mental Health Professional
12. ▢ Speech Therapist
13. ▢ Light Construction
14. ▢ Computers/Technology
15. ▢ Visual Arts
16. ▢ Music/Dance
17. ▢ Theater Arts
18. ▢ Physical Therapist
19. ▢ Translator (English-Spanish)
20. ▢ Administration-Business or Education
21. ▢ Personnel Management-Supervision
22. ▢ Office (email, data entry, etc.)
23. ▢ Other

Please Describe:

**I would be most interested in volunteering in the following areas:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REFERENCES**

**Please have two referees complete and e-mail us our Reference Form, attached along with this application form. Referees can be employers, college professors, colleagues in affiliated organizations (for example) but should not be a relative. They need to have known you for over 12 months.**

**MEDICAL:**

It is required that all volunteers have been vaccinated for **COVID** and have up-to-date travel/medical insurance before travelling to Guatemala. Your travel /medical insurance must include emergency medical evacuation. Travel/emergency medical insurance may be obtained from any number of companies via the internet. Volunteers are asked to provide proof of insurance (both of policy and of emergency evacuation) before their start date as a volunteer.

**MEDICAL INFORMATION**

**COVID VACCINATION CERTIFICATE**

Covid vaccination is required to enter Guatemala

**Please upload a copy of your Covid vaccination certificate which must include:**

Type of vaccine received

Date of primary vaccine(s)

Date of booster

**MEDICAL INSURANCE:**

**Please upload a copy of your home country medical insurance which must include:**

Medical Insurance Company/Provider:

Policy Number:

Insurance Company Phone Number (please include country and area code):

**Please provide:**

Primary Care Physician:

Primary Care Physician Phone Number (including area code):

Health conditions:

Allergies:

Medical Alerts:

Current Medications:

Any other information that would be important for us to know in case of a medical emergency:

**DISCERNMENT QUESTIONS**

*(Please answer the following questions in blue below the question or statement. The more complete your answers are, the better we will be able to find the right fit for your volunteer experience with* ***Creating Opportunities for Guatemalans***.*)*

1. Please give a listing of your relevant education, work, and volunteer experience. (You may submit a Curriculum Vitae or resumé with this application in lieu of answering this question.)
2. What made you decide that you wanted to volunteer with ***Creating Opportunities for Guatemalans***?
3. Volunteering with ***Creating Opportunities for Guatemalans*** can be very rewarding but also physically and emotionally exhausting. Please describe how you have dealt with difficult or challenging situations in the past.
4. Please describe what you hope to gain and learn from your volunteer experience with ***Creating Opportunities for Guatemalans***.
5. Please describe any specific skills or background you have that you feel could enable you to contribute to our Project’s mission and goals.
6. Please share any other information you would like us to know about you.

**▢ I have read and competed the VOLUNTEER APPLICATION FORM above.**

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

**WAIVERS, PLEDGES, AND FEES**

**NOTE: Please read and sign the waivers and pledges below in order for your application to be accepted.**

**GENERAL RELEASE AND WAIVER AND ASSUMPTION OF RISK**

***Creating Opportunities for Guatemalans***

Guatemala is a beautiful nation rich in Mayan culture, natural scenery, and centuries old colonial history. It is also a nation which has experienced a long and violent civil war and where occasional civil unrest may occur. In addition, it has one of the highest poverty rates in the Western Hemisphere and high crime rates in certain areas of the country. Periodic travel advisories and warnings are issued by the United States of America State Department and all visitors and volunteers are encouraged to review the travel warnings regarding Guatemala on the US State Department website at [www.state.gov.travelandbusiness](http://www.state.gov.travelandbusiness) prior to planning your trip

The staff and permanent volunteers at ***Creating Opportunities for Guatemalans*** take a number of precautions to help keep its visitors and volunteers relatively safe. In addition, all volunteers and visitors receive, as part of their orientation instructions, information as to how to minimize their exposure to risks while living and working in Guatemala. It is also expected that all volunteers and visitors follow the safety guidelines as developed by the ***Creating Opportunities for Guatemalans***.

Despite the precautions taken by ***Creating Opportunities for Guatemalans***, it is important that all volunteers and visitors understand the personal risks involved in coming to visit or work in the project. No guarantees can be made by ***Creating Opportunities for Guatemalans*** to any person about their personal well-being, the security of their personal belongings, or the nature of their experience. Visiting and/or volunteering with ***Creating Opportunities for Guatemalans*** entails risk, including risk of sickness, accident, theft, robbery, and/or in extreme cases, assault.

If you choose to visit or volunteer with ***Creating Opportunities for Guatemalans***, you are making this choice freely, at your own risk, and without having received any guarantees about your health, personal safety, or the security of your property. You agree to assume all risks and to release any charity associated with the project.

**▢ I have read and understood the GENERAL RELEASE AND WAIVER AND ASSUMPTION OF RISK form above.**

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

**CONFIDENTIALITY AND PRIVACY PLEDGE**

***Creating Opportunities for Guatemalans***

Under no circumstances will a volunteer visit a child’s home or school, unless accompanied by a member of the project’s staff or with the consent of the child’s guardian ***and*** the Project’s Executive Director.

I agree to abide by the ***Creating Opportunities for Guatemalans*** Confidentiality Pledge.

**▢ I have read and understood the Confidentiality and Privacy Pledge**

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

**VOLUNTEER PLEDGE**

***Creating Opportunities for Guatemalans***

I have reviewed the ***Creating Opportunities for Guatemalans*** expectations and agree to abide by the following expectations:

1. I will carry out the duties of my assigned volunteer placement to the best of my ability.

2. I will follow the project’s volunteer dress code.

3. I will meet my volunteer commitments in a punctual and consistent manner.

4. I will notify my volunteer supervisor if I am to be late or absent.

5. I will notify ***Creating Opportunities for Guatemalans*** if there is any change in my departure date or established volunteer work schedule.

6. I will work with all people in a respectful, affirming and positive manner.

7. I will not use physical discipline with a child.

8. I will respect the privacy and reputations of the children, families and of my colleagues and co-workers.

9. I will follow the project’s safety guidelines.

10. I will follow general project guidelines as established by the Project administration.

**▢ I have read and understood the Volunteer Pledge**

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

**FEES**

***Creating Opportunities for Guatemalans***

***Creating Opportunities for Guatemalans*** does not charge volunteers for the opportunity to volunteer with our organization. The volunteer understands that ***Creating Opportunities for Guatemalans*** is **not** able to pay for any of the volunteer’s incurred costs while volunteering with the organization, including housing, food, transportation, medical, tourism, or other incidentals.

**▢ I have read and understood the information regarding FEES.**

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

 **Please check any of the following that you might want *Creating Opportunities for Guatemalans* to help you arrange.**

▢ I am interested in having ***Creating Opportunities for Guatemalans*** help me arrange for housing during my stay as a volunteer. Please send me additional information regarding the housing options that are available.

▢ I am interested in having ***Creating Opportunities for Guatemalans*** arrange pick-up and transportation from the airport to my lodgings in San Antonio Aguas Calientes or Antigua. Please send me information regarding this.

▢ I am interested in having ***Creating Opportunities for Guatemalans*** help arrange Spanish language instruction for me. Please send me information regarding this.

**PLANNING FOR YOUR ARRIVAL**

Once your application form has been processed and you have been accepted into the program, to better assist us with your arrival, we ask that you e-mail us your ***Arrival Information***, including your flight information, arrival time, etc. Please email this information to Vicki@creatingopportuntiesforguatemalans.org no less than **four** weeks prior to your arrival in Guatemala.

**QUESTIONS FOR US?**

Do you have any additional questions or concerns in connection with volunteering with ***Creating Opportunities for Guatemalans***?

**Thank you for taking the time to complete and submit this application. We appreciate your willingness to consider *Creating Opportunities for Guatemalans* as a place to contribute your time and talent.**

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* ***Creating Opportunities for Guatemalans*** *reserves the right to decline volunteer assistance from any person based on incomplete or false information provided on this application, or who, in the judgment of* ***Creating Opportunities for Guatemalans*** *, would not be able to work successfully as a volunteer in the organization.*

*(This form last revised on 20-02-2022)*