



VOLUNTEER APPLICATION

* Colombia

Please complete all sections and add all requested attachments. Consideration of your application will be given only after the **application, \$25 application fee, and required attachments** are received.

Please print or write legibly.

Thank you!

Section 1: Personal Information

Please Print Name: (as it appears on passport): _____

Suffix(es): MD, RN, PA/NP, etc: _____

Country of passport: _____

Date of Birth: _____

Passport Number: _____

Date Passport Expires: _____

Is your passport valid and without restrictions for travel to any of our mission communities? ___ Yes ___ No

If restricted, please describe: _____

Nickname/Name by which you prefer to be addressed by team members: _____

Home Address: _____

City, State, Zip: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Preferred E-Mail: _____ (PRINT CLEARLY)

We **must** have a home or work email for every volunteer. Email communication is critical for team planning.

Section 2: Employment Information

Employer: _____ Years Employed: _____

Work Address: _____

Your current position/job title: _____ Profession: _____

Specialties (if applicable): _____

Clinical Professionals are asked to include a **copy of their resume** so we know the various skills of each applicant.

Section 3: Language Proficiency- If you speak Spanish, please complete below:

SPANISH: None Minimal Conversational Fluent Read Write

Section 4: Previous Volunteer Experience

Have you previously applied to a LAUGHH Foundation, Inc. mission? Yes ___ No ___ (If **Yes**, list year and country)

Have you been a team member on another International Health Team? Yes ___ No ___

(If **Yes**, list year(s), Organization and the service you provided) _____

Are you currently, or have you recently been involved in any local volunteer commitments to those who are poor?

___ Yes ___ No

If yes, please list the years and city & country where you performed volunteer service:

Section 5: Personal Health Status – mindful of being in a very demanding environment

Working in a developing country can present a strenuous and stressful environment. Teams work **long days** with only a short break for lunch. Sleeping environments are clean and adequate, but may not be very quiet.

Are you physically fit and free of medical conditions or disabilities that could limit your activities and/or prevent you from safely performing the volunteer services for which you are applying? Yes___ No ___ If No, please give details:

Do you have any dietary restrictions? No ___ Yes ___ If Yes, please give details (including vegetarians).

Please list known **allergies**: _____

Current Medications: _____

Motion Sickness: Many LAUGHH Foundation, Inc. teams may travel on rough and winding roads to get to remote sites. It is important for us to know any volunteer who may have a problem with motion sickness. Please complete below:

Do you have any problems with motion sickness? ___No ___ Yes

If Yes, what prevents or helps mitigate the problem? _____

All applicants accepted for a team will be given a Medical Clearance Form to submit to The LAUGHH Foundation, Inc.

Section 6: Personal Motivation (if you have participated on a previous LAUGHH Foundation, Inc. mission, please skip this section.)

1. How did you hear about the LAUGHH Foundation, Inc.? _____

2. In 200 words or less (on a separate sheet of paper attached to this application) describe your desires and reasons for participating in The LAUGHH Foundation, Inc.'s Medical Mission Program. **Please be specific.**

Section 7: Attachments – Please make sure you enclose all these items with your application

- Copy of your resume (Short form is ok)
- Detailed response to question 2 in Section 6.
- Copied photo page of your passport. Photo must be clear, in color and **MAILED. DO NOT FAX this page.**
- \$25.00 Application Fee (Please make checks payable to: **The LAUGHH Foundation, Inc.**)

Letters of Recommendation:

- 2** personal reference letters (Required for all new volunteers).

Section 8: Agreement & Commitment to Responsibility for Finances and Supplies

If I am selected as a team member, I agree to contribute at least \$100 dollars to cover the cost for prescription medications used during the mission.

IN ADDITION:

We need every volunteer to help us collect over-the-counter medicines and supplies needed to conduct this mission. Additional fundraising is encouraged to cover in country expenses for possible medication shortages and durable medical equipment needs (wheelchairs, walkers, canes, etc.)

Signature: _____ Date: _____

Section 9: Next Step

Applicants who match current needs may be asked to participate in a phone interview. Every effort will be made to make sure that all applicants will receive written or email notice of the status as soon as possible.