



Volunteer Application

Thank you for expressing interest in participating in a work program in Guatemala through the Hands for Peacemaking Foundation. Please complete the following forms and return them to Foundation headquarters by the deadline stated in your project proposal. Please print in black ink.

Name (exactly as it appears on your passport): _____

Current mailing address: _____

City: _____ State/Prov: _____ Zip Code: _____

Home phone: _____ Work phone: _____ Cell: _____

Email address: _____ Birth date: _____

If you are traveling with a group, name of group _____

Travel dates: _____ Diet restrictions or special meal requests: ___ yes ___ no

If yes, describe: _____

Is this your first time on a Project/Mission with Hands for Peacemaking Foundation ___ yes ___ no

Have you ever visited or lived in a third world country: ___ yes ___ no If yes, describe briefly:

Languages you speak _____

Medical problems or needs, if any, which might impact your ability or comfort when traveling and working in a third world country? If yes, describe: _____

Medications (List): _____

Emergency contact Name: _____ Relationship: _____

Address: _____ Phone: _____

List skills you might utilize on a volunteer trip: _____

Signature

Date

Signature of parent or guardian if under age 21 years

Date

Attach the following: All Volunteers: photocopy of passport, signed waiver and release form, and signed behavior policies
Medical volunteer: Copy of Board Certification & certificates with expiration dates Physicians: Curriculum Vitae

Return all required forms to: Jeffrey Hager, Executive Director Hands for Peacemaking Foundation P. O. Box 964 Everett WA 98206. jeffrey.hager@handsforpeacemaking.org