



Hands Together Volunteer Application Form

Applications are accepted on a rolling basis. Please return the complete application to our main office at:

Hands Together, P.O. Box 80985, Springfield, MA 01138, 413.731.7716,
handstog@aol.com.

Please insert a recent photo of yourself.

Thank you.

Full Name _____
Last First Middle N

Present Address (Until _____)

Address _____

City / State / Zip + 4 _____

Phone () _____ E-mail _____

Permanent Address (if different)

Address _____ Phone () _____

City / State / Zip + 4 _____

Mother's Name _____

Address _____ Phone () _____

City / State / Zip + 4 _____

Father's Name _____

Address _____ Phone () _____

City / State / Zip + 4 _____

In case of emergency, please contact _____

Relationship _____ Phone () _____

Date of Birth ____ / ____ / ____ Age _____ Social Security Number _____

Single Married Religious Denomination _____

College (if applicable) _____ Year Graduated _____

List names and ages of brothers and sisters.

List names and ages of spouse and children.

Languages: Please list any foreign language ability. Indicate level of proficiency (fluent, proficient, or limited) and if your ability to understand, read, and write each language.

Please tell us how you came to know of Hands Together and what's inspired or motivated you to look into volunteer/mission service in Haiti at this time:

Have you ever been convicted of a felony or a misdemeanor crime?

- No
- Yes *(If yes, please explain on a separate sheet.)*

Tell us what you like to read.

Please share with us hobbies, recreation activities that you like

Is there anything else about you (e.g., your physical condition, counseling history, family background) which you feel we should know? If yes, please explain on separate sheet. If you have either begun or ended a serious relationship in the past 12 months, please tell us about that as well.

Please share with us your medical experience as it might be helpful for work at our clinics and health projects. Please include any past volunteer service experiences and how your current training could be best used in very simple, “front-line” conditions. If you have experience teaching, please describe how you might help us improve our Haitian staff of doctors and nurses and pharmacists. Thank you.

Please submit a resume of no more than two pages. Include all of the following: Name, current and permanent addresses, email address, and phone numbers.

Education: Beginning with the most recent, list all schools attended including secondary school. List name of school (city, state); major(s)/minor(s); years attended; type of diploma, certificate, or degree awarded or pending.

Professional Credentials (e.g., teaching, nursing, counseling, law): Indicate subject area, level, dates, etc. and note if any are expected upon graduation.

Work Experience: List positions held, beginning with the most recent; describe the responsibilities, give the name of the organization(s) and dates.

Volunteer Experience: List positions held, beginning with the most recent; describe the responsibilities, give the name of the organization(s) and dates.

Related Skills and Experience: List any other experiences, activities, talents, or hobbies that you consider to be useful or valuable for service as a Hands Together Volunteer. Also list any organizations or programs in which you participated, received training or earned awards.

Please list two referecne persons whom we might contact about your application. They should currently know you well, be in a position to judge your general character, motivation, employment record, and evaluate your qualifications for service with Hands Together. **Do not include relatives.**

Spiritual Reference _____

Address _____ Phone () _____

City / State / Zip + 4 _____

Other Reference _____

Address _____ Phone () _____

City / State / Zip + 4 _____

Reflection Questions

Please help us know you better by responding to these reflection questions. They are meant to illuminate your life experiences, values, and spiritual approach to life. Your honest sharing will help us better understand whether or not Hands Together makes sense for you at this time. Please answer all questions - use a seperate sheet if necessary.

1) Why, at this moment in your life, do you wish to participate in service with Hands Together working in Haiti? Describe any specific life experiences that have inspired and helped lead you to this moment.

2) Please describe your spirituality and the influences that have helped shape it. Share with us your daily spiritual outline, role of prayer, and other key indgredients in your spiritual life. Are there any changes you wish to make in your life as a result of your spiritual path? How would you express your relationship with God?

3) Tell us a little about your needs, and your strengths and weaknesses in relating to other people. Include expamples of living in community with others if possible. Share experiences dealing with hardship, controversy, conflict or crisis.

Please let us know what you would like to know about Hands Together

I attest that all information contained in this application is true, to the best of my knowledge.

Signature: _____ Date: _____

Medical Form

We prefer that this form is completed by the physician or physicians's assistant (other than a parent) who has been involved with the applicant's on-going, comprehensive care. When not possible, the form may be completed at a campus health center, or by the physician/physician's assistant with whom you do not have an ongoing history. It should be understood that the climate, environment and demands of living in working in Haiti are strenuous. Candidates should be able to endure 85-95 degree temperatures, walk up steep hills and have sound emotional health.

Type or print clearly.

Applicant's Name _____ Date of Exam _____

Length of time applicant has been your patient _____

General Information

Past History _____

Past hospitalizations (include surgeries) _____

History of alcohol abuse _____

History of drug abuse _____

Significant past illnesses _____

Family History (significant medical/psychiatric) _____

Current Information

Medicines (including recurrent non-prescriptives) _____

Significant present medical problems _____

Allergies, dietary restrictions _____

Tobacco/alcohol uses _____

Comments

General Physical

Wt. _____ Ht. _____ B.P. _____ P. _____

Lab (if done recently): U/A _____ CXR _____ CBC _____

Note "-" for normal, "+" for abnormal:

General Appearance _____ Mental status exam _____

Eyes _____ Ears _____ Nose _____ Mouth _____ Adenopathy _____

Chest _____ Breasts _____ Heart _____ Abdomen _____ Genitals _____

Rectum _____ Extremities _____ Skin _____ Neurological _____

Please use the back of this sheet to expand on any abnormalities noted above.

Physician's Name _____ Signature _____

Address _____ Phone() _____

City / State / Zip _____