



# Volunteer Application

## Application Instructions

We recommend using Adobe Reader to complete

1. Save a blank application to your desktop
2. Download and install Adobe Reader: <http://get.adobe.com/reader>
3. Complete the application including the release & confidentiality agreement
4. Save a completed application for your records
5. Send completed application to: [info@helpmissions.me](mailto:info@helpmissions.me)
6. We will be in contact with you upon receipt of your application

**Bangor Maine Office  
247 Norway Rd  
Bangor, ME 04401  
Phone 207.944.7705**

**SECTION 1: PERSONAL INFORMATION**

Primary HELP contact (if any): \_\_\_\_\_

First/Given name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last/Sur name: \_\_\_\_\_

Preferred name: \_\_\_\_\_ (OPTIONAL)  Male  Female Birth date: \_\_\_\_\_

Home address: \_\_\_\_\_ City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Postal code: \_\_\_\_\_ Country: \_\_\_\_\_

Home phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

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

Emergency contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency contact home phone: \_\_\_\_\_ Emergency contact mobile phone: \_\_\_\_\_

Unisex T-Shirt Size:  Small  Medium  Large  X-Large  XXL

How did you hear about High Elevation Lives Project? (Referred by family, friend, colleague, school, church or other; please describe.)

\_\_\_\_\_

Do you have any physical limitations or medical conditions that may affect your mobility, stamina, or range of motion that would prevent you from safely doing the tasks appointed? (This information is used to match you to the appropriate assignment)

No  Yes → Please describe the limitations:

\_\_\_\_\_

Have you ever been charged with or convicted of any crime including either a felony or a misdemeanor?

No  Yes → Please describe when, where, and the nature of the charge:

\_\_\_\_\_

**SECTION 2: EDUCATION**

Highest attained:  Some High School  High School Graduate  Some College  
 Associate's Degree  Bachelor's Degree  Master's Degree  Doctorate

List any other post high school degree(s): \_\_\_\_\_

**SECTION 3: EMPLOYMENT AND EXPERIENCE INFORMATION**

Retired?  No  Yes

Current or most recent employer: \_\_\_\_\_ Position: \_\_\_\_\_

**SECTION 4: WHERE WOULD YOU LIKE TO VOLUNTEER (CHECK ALL THAT APPLY)**

\*HELP'S POLICY STATES THAT VOLUNTEERS WHO SERVE DIRECTLY WITH MINORS MUST COMPLETE A BACKGROUND CHECK

**Check Preferred Regions**

- Asia  Middle East  Eurasia  Africa  Latin America / Caribbean  Where most needed

I would like to volunteer \_\_\_\_\_ times per  Week  Month  Quarter  Year

Days of availability (check all that apply):

- Monday  Tuesday  Wednesday  Thursday  Friday  Saturday

**Humanitarian (Disaster) Response**

- I would like to be considered for the Roster
- Additional documents and screening process required
  - Must be available to deploy in 24-48 hours

**Skills and Specialties Checklist**

(Please select all that apply below)

**ADMINISTRATION**

- Accounting
- Bookkeeping
- Event Coordination
- Facilities Management
- Finance
- Front Desk Reception
- Healthcare Administration
- Human Resources
- Inventory Control
- Logistics
- Microfinance
- Microsoft Office
- Volunteer Coordination

**COMMUNICATIONS**

- Fundraising
- Grant Writing
- Graphic Design
- Journalism
- Photography
- Public Speaking
- Translation
- Video Production
- Videography

**WAREHOUSE**

- Delivery/Pickup
- Forklift Operation
- Shipping & Receiving
- Sorting/Packing

**TECHNICAL/ENGINEERING**

- Computer Programming
- Data Clean-up
- Data Entry
- Information Technology
- Helpdesk Support
- Medical Equipment Repair
- Networking

**MINISTRY**

- Chaplain
- Pastoral Care

**SECTION 5: MEDICAL AND DENTAL CHECKLIST**

(Check areas where you have certification or licensure)

**ALLIED HEALTH**

- EMT  
Level: \_\_\_\_\_
- Paramedic
- Lab Technician
- Dietician/Nutritionist
- Occupational Therapy
- Physical Therapy
- Respiratory Therapy
- Speech/Language Pathology
- Surgical Technician/Asst
- Optometry
- Other: \_\_\_\_\_

**PUBLIC HEALTH/ TEACHING & TRAINING**

- Community Health
- Epidemiology
- Health Education
- HIV & AIDS
- Maternal Health
- Newborn & Child Health
- Training of Trainers (ToT)
- Water, Sanitation, Hygiene

**MENTAL HEALTH**

- Psychiatrist
- Psychologist
- PhD  PsyD  MA
- Specialty: \_\_\_\_\_

**DENTAL**

- Dentist
- DMD  DDS
- RDH
- Dental Assistant
- Student

**MEDICAL**

- Physician  
 MD  DO
- Nurse Practitioner
- Physician Assistant
- Nurse Anesthetist
- Nurse
- Certified Nurse Midwife
- Pediatrics
- Urology
- Other \_\_\_\_\_

\* Area of Specialty

- Anesthesiology
- Emergency Medicine
- Family Practice
- General Surgery
- Infectious Diseases
- Internal Medicine
- Labor & Delivery
- Obstetrics/ Gynecology
- Ophthalmology
- Orthopedics

**RELEVANT EXPERIENCE:**

List relevant experiences you have in medical/dental services, teaching or training, as well as mission, cross-cultural experiences, church, group, club, or associations.

| Country | Organization | Activity/Role | Date |
|---------|--------------|---------------|------|
|---------|--------------|---------------|------|

**LANGUAGES:**

Foreign Languages: \_\_\_\_\_ Degree of fluency:     Novice     Intermediate     Fluent

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**SECTION 6: INTERNATIONAL APPLICANTS SECTION**

To complete your application in preparation for team placement, you will be asked to submit the documents below for review. Please email the following documents to [info@helpmissions.me](mailto:info@helpmissions.me)

- Resume or Curriculum Vitae
- Copy of your medical license(s) or certifications (where applicable)
- A black and white photocopy of your passport photo and signature page

In which countries do you hold citizenship:    Primary: \_\_\_\_\_ Secondary: \_\_\_\_\_

Full name on passport: \_\_\_\_\_ Issuing Country of passport: \_\_\_\_\_

Passport number: \_\_\_\_\_ Passport expiration date: \_\_\_\_\_

**REFERENCES:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Faith Affiliation (optional):** \_\_\_\_\_

*HELP welcomes volunteers of all faiths and backgrounds. This information is used to help match volunteers based on preferences or restrictions expressed by our international partners.*

## **INTERNATIONAL APPLICANT QUESTIONNAIRE**

(If needed, please include responses on a separate sheet)

1. Describe in detail any experiences you have working overseas, cross-culturally, or with other organizations. If applicable, please include any teaching and/or training experience.
2. What is your response to working in an uncomfortable environment? How well do you work as a team member in those environments? Please provide examples of previous experiences.
3. HELP works in areas of the world where there can be health risks, extreme weather, and limited amenities. What apprehensions and/or expectations do you have about working in these types of environments? Is there anything that we should know?
4. **For Medical Professionals Only:** If you have previous international medical experience, please describe your scope of work including patient profile. Would you be comfortable diagnosing and treating common illnesses?

Certification / Medical License #: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Certification / Medical License #: \_\_\_\_\_ Issuing State: \_\_\_\_\_

(Optional) HELP utilizes volunteers of all faiths and backgrounds. While most of our international partners are open to volunteers of all faiths, some partners request certain religious backgrounds for political and cultural reasons. To help us find the best fit for you and the partner please indicate your current faith:

\_\_\_\_\_

## GENERAL RELEASE

In consideration of High Elevation Lives Project arranging a volunteer assignment for me, and with the intention of binding myself, my heirs, legal representatives, successors and assigns, I hereby expressly RELEASE AND FOREVER DISCHARGE High Elevation Lives Project, its officers, directors, employees, volunteers, agents, legal representatives, insurers, successors, and assigns from any and all claims, demands, damages, liabilities, and causes of action that I now have or may in the future have, whether known or unknown, of whatsoever nature, relating to or arising out of my selection as a volunteer by, or my service as a volunteer with, High Elevation Lives Project whether or not due to High Elevation Lives Project's negligence, strict liability, or any other breach or fault. This includes, but is expressly not limited to, death, bodily injury, personal injury, property damage, loss or theft of property, economic loss, or any other damage, loss or cost.

This document shall be construed according to the laws of the state of Maine. If a dispute should arise with respect to the meaning of any of the terms of this document, the rule of construction that a document is construed against the party preparing such document shall specifically not be applicable to the interpretation of this document.

This General Release represents the entire agreement of the parties hereto and supersedes any and all prior or contemporaneous oral or written understandings, statements, representations or promises. All of the terms hereof are contractual and not mere recitals.

I acknowledge that I have carefully read this General Release, know and understand the contents thereof, and that this document was freely and voluntarily executed. I acknowledge that I was given the opportunity to seek independent legal counsel on any and all matters herein before I signed this General Release.

Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

(Required for volunteers under age 18)

## CONFIDENTIALITY POLICY

In the course of your volunteer work for High Elevation Lives Project, you may have access to or hear about confidential or sensitive information. It is your responsibility not to reveal this information. Information may be used only as it pertains to your work as a volunteer, and it should not be shared with others outside High Elevation Lives Project. Examples of confidential information include but are not limited to donor or volunteer names, telephone numbers, places of employment, financial information, or other information. Breach of this confidentiality policy may require us to terminate your volunteer status.

I agree that High Elevation Lives Project may use my name and any photographs and video of me for publicity or promotional purposes without liability or obligation to me.

I have read and understand the High Elevation Lives Project volunteer confidentiality policy as written above and agree to adhere to it.

Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

(Required for volunteers under age 18)