

Emergency Response Services Latin America [ERSLA]



Volunteer Application

Personal Information

Name	
Street Address	
City St ZIP Code	
Home Phone	
Cell Phone	
E-Mail Address	
Skype name (if applicable)	

Person to Notify in Case of Emergency

Name	
Street Address	
City St ZIP Code	
Home Phone	
Cell Phone	
E-Mail Address	
Relationship	

References 1: Professional/Supervisor (Volunteer or Employment)

Name	
Type of relationship	
Time known	
Phone	
Email	

Reference 2: Personal

Name	
Type of relationship	
Time known	
Phone	
Email	

Educational Information (Please enter your highest and/or most relevant degrees)

School Name	
Degree	
Graduate or Anticipated date	

Internship Only

How many hours are required?	
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Interests

Tell us in which areas you are interested in volunteering:

- | | |
|--|---|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Training development |
| <input type="checkbox"/> Events | <input type="checkbox"/> Work with small groups |
| <input type="checkbox"/> Field work | <input type="checkbox"/> Make follow up calls |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Input data |
| <input type="checkbox"/> Social Media | <input type="checkbox"/> Public speaking |
| <input type="checkbox"/> Video production | <input type="checkbox"/> Conduct research |
| <input type="checkbox"/> Newsletter production | <input type="checkbox"/> Writing/Journalism |
| <input type="checkbox"/> Business development | <input type="checkbox"/> Other |

ERSLA On-Site Focus

Tell us in which areas you are interested:

- | | |
|---|--|
| <input type="checkbox"/> Firefighter training | <input type="checkbox"/> Burn prevention project |
| <input type="checkbox"/> Water filter project | <input type="checkbox"/> Community integration |

How Did You Learn About ERSLA?

Tell us in which areas you are interested:

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Our web site | <input type="checkbox"/> Friend or Relative |
| <input type="checkbox"/> Facebook | <input type="checkbox"/> Former volunteer |
| <input type="checkbox"/> Other: | |

Availability

Start date: Finish date:

Please Describe Requirements for Completion of an Internship

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports that might be helpful in your volunteer work.

Previous Volunteer Experience

Summarize your previous volunteer experience.

Interest in Volunteering

State your expectations for your volunteer experience with ERSLA.

Long-Term Goals

How do you think your service will help you achieve your long-term goals?

Travel

Describe your past travel experience either in the states or abroad:

Spanish Language Fluency

Speaking Spanish is not a necessity; of course it is extremely helpful, especially if you plan on volunteering for an extended amount of time. An intermediate speaking level is required if planning on volunteering for less than a month.

- Beginner/Basic Level (received at least 1 year of Spanish in school)
- Intermediate (received at least 2 years of Spanish in school, able to casually converse)
- Advanced (received at least 3 years of Spanish, may have lived in a Spanish-speaking Country, able to read, write, and speak Spanish.)
- Native Speaker (fluent in Spanish, read, write, and speak)

Health Information

Although we work in emergency services, we are not medical professionals and we suggest that before your trip you visit your physician or a travel health clinic to ensure that you are in good enough health for your placement. *We strongly encourage you to obtain health insurance before you leave the states and begin work with ERS�A.*

Do you have any medical conditions that we should be aware of so we can best accommodate you?

- No Yes: Explain

Do you have any special dietary requirements?

- No Yes: Explain

Housing Options

ERSLA has several options for daily living and can tailor preferences depending on the length of your stay. Please list in order your preferences:

- Live with a local family (with or without meals)
- Rent a room in a house
- Stay at a hotel or hostel

Agreement and Signature

By submitting this application and resume, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I give ERSLA staff permission to verify information on this application.

Name:

Date:

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing the ERSLA.org volunteer application form and for your interest in volunteering with us.