

# STOVE TEAM VOLUNTEER APPLICATION

(Please Print in Ink or Type)

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

Dr. Mr. Mrs. Ms. (Name that you commonly go by)										
Present Occupation, Professional Titles and Other Credentials					Airport Departure City 1 <sup>st</sup> /2 <sup>nd</sup> Choice					
Address: Street		City			State		Zip		Home Phone (times available)	
Date of Birth			Place of Birth			Religious Affiliation/Name of Religious Leader if applicable				
Employer			Street			City		State		Zip
Business Phone (times available)			Fax Number			E-Mail Address			Team/Destination	
If married, spouse's name					Special Diet			Blood Type		
In Case of Emergency Contact: (Name, relationship, phone number)										
Medical Problems, if any:					Medications (List)					
Criminal Record (U.S. or Foreign)			No		Yes		(Provide Explanation)			
Language:		Fluent	Good	Fair	Language:		Fluent	Good	Fair	Name of other countries you have traveled to:
	Speak					Speak				
	Read					Read				
	Write					Write				

Do you intend to raise funds to defray your expenses or pay them yourself?

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Are you prepared to travel distances which would cause a lapse in contact with family and/or business where you could not be reached for up to two to three days? Circle one:    Yes                  No

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How were you referred to StoveTeam?

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**Please use additional paper to answer questions 1-5 if necessary**

1) Why do you want to go on this trip?

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2) List specific skills applicable to volunteer trips:

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**3) How many previous medical and/or construction trips have you participated in?**

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4) List Countries, responsibilities and length of stay of any other missions you have participated in.

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5) Each volunteer is expected to work under the authority of the Team Leader and function as a member of a team that will need to adapt to unexpected circumstances. If possible, please give examples of your ability to do this.

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Provide personal reference of one individual who would attest to information requested in questions 1-5. (Name, address, phone)

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Signed: \_\_\_\_\_