



VOLUNTEER APPLICATION

PERSONAL INFORMATION:

I am an individual I am with a group (*group name:* _____)

Title: _____ First Name: _____ Last Name: _____

Date of Birth: ____/____/____ Gender: M F

Marital Status: _____ Cell Phone Number: _____

Email Address: _____

Emergency Contact Person: _____ Emergency Contact Phone Number: _____

Permanent/Home Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Temporary/School Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

EDUCATION/PROFESSIONAL EXPERIENCE

I am currently an undergraduate student

Name of institution: _____ Major/Minor: _____

Activities: _____

Are you looking for observation hours? Y N

Do you have clinical experience? Y N

Please describe clinical experience below (*include hours and setting*)

I am currently/recently a graduate student

Name of institution: _____ Major/Minor: _____

Activities: _____

Are you looking for observation hours? Y N

Are you interested in a C.F.Y. through Hope Speaks? Y N

EDUCATION/PROFESSIONAL EXPERIENCE (CONTINUED)

Do you have clinical experience? Y N

Please describe clinical experience below (include hours and setting)

I am currently a professional

Highest level of education: _____

Undergraduate institution: _____ Graduate institution: _____

Current place of employment: _____

Current professional position or title: _____ Number of years practicing: _____

Describe or list all clinical experience below:

I am interested in taking a group of students or SLP professionals to serve alongside Hope Speaks: Y N

HEALTH AND MEDICAL HISTORY:

It is important that you are honest and complete with your medical history due to the environment in which you will be working.

List all medical issues for which you have received medical care in the past 12 months:

List any prescription drugs (and their generic names) which you are now taking:

List any history of major illness or surgery:

List special dietary needs:

HEALTH AND MEDICAL HISTORY: (CONTINUED)

List any known allergies (including food allergies) or chronic life-threatening conditions:

List any known physical limitations and/or disabilities:

GENERAL INTEREST:

How did you hear about Hope Speaks? _____

Do you have any experience in global missions? (Please describe below)

Specific length of service desired: 3 weeks 3 months 1 year Other: _____

Why are you interested in serving with Hope Speaks?

Tell us a little bit about yourself and why you would be a good fit for this trip:

application continued on next page

FAITH

At Hope Speaks, our Christian faith is central to our vision and mission and the work that we do on a daily basis. The love that Christ has shown us compels us to strive to love others well and share the hope that we have found. However, your acceptance to join us as a Hope Speaks volunteer or intern is not dependent on you sharing the same faith as us. Please fill out the following section honestly, and please be open with us about what you believe and why.

Are you currently a member of a church? Yes No Church Name: _____

Church Website: _____ Church Phone Number: _____

Spiritual Mentor: _____ Email/Phone Number: _____

May we contact your pastor? Yes No

Have you talked with your church or spiritual mentor about serving as a missionary? Yes No

In a separate document, please answer the following questions.

Please save the document as [LastnameFirstname.HopeSpeaksApplication]

1. Please describe how and when you came to know Jesus Christ as Savior and how have you grown as a Christian since that time.
2. In what specific ways do you maintain a personal and vital relationship with God?
3. What do you believe to be your spiritual gift(s) and how do you use it/them?
4. In what ways have you shown the love of Christ to others?

REFERENCES

Please include two letters of recommendation with your application

Please provide the full name and contact information of one professional reference (professor or clinical supervisor) and one personal reference below:

Full Name: _____ Full Name: _____

Email: _____ Email: _____

Phone Number: _____ Phone Number: _____

Relationship: _____ Relationship: _____

application continued on next page

ACKNOWLEDGEMENT AND AUTHORIZATION

All information provided on this form is true and accurate. If accepted and allowed to participate in Hope Speaks activities overseas, I assume responsibility for my actions. I am aware of and I release Hope Speaks, its board of directors, employees, missionaries, agents or their representatives from liability and all claims for damages, loss or injury arising from this trip for any reason including but not limited to any negligent act which may in any way cause death, injury, illness, inconvenience or property damage or loss to me. I acknowledge that it is not the responsibility of Hope Speaks to evacuate me in case of illness, injury or death.

I hereby grant an adult Hope Speaks leader of this activity to consent on my behalf to medical treatment in the case I am unable to do so. In this regard, I consent to allow said adult to authorize medical, dental or surgical diagnosis, X-ray examination, and treatment including surgery, and hospital care for me if needed, advised, and supervised by a licensed physician, surgeon or dentist. I attest that I am prepared physically, emotionally, mentally and spiritually for this trip. I have read this release in its entirety, understand its contents and agree to them of my own free will.

OTHER

- 1) Because of the nature of Hope Speaks' work with children, we customarily run background check on all intern participants. Before a background check is run, you will be asked to sign an Online Authorization Form allowing Hope Speaks to run the background check. Do you give Hope Speaks permission to run a background check on you? Y N

- 2) While serving as an Intern, Hope Speaks requires that participants do not engage in the use of tobacco, alcoholic beverages and illegal drugs. I understand and agree: Y N

- 3) Do you give permission for Hope Speaks to use any group photos in which you appear for the purpose of public relations and/or promotional materials? Y N

Name of Applicant: *(please type or print)* _____

Signature of Applicant: _____ Date: _____

Please return this application to **info@joinhopespeaks.org**. Please keep a copy for your records. For questions regarding this application or Hope Speaks International, please email **info@joinhopespeaks.org** or contact us through our website: **joinhopespeaks.org**.

Please note that your email will serve as your acknowledgment and authorization.



Bringing hope and raising voices for children with special needs through speech therapy, advocacy, and education.