



# International Partners

Empowering People on the Front Lines of Poverty

## SERVICE TEAM PARTICIPANT APPLICATION & PROFILE

NAME (as it appears on Passport): \_\_\_\_\_ Trip Date: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
 Passport Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Citizenship: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M F School: \_\_\_\_\_ Grade: \_\_\_\_\_

### CONTACTS IN THE EVENT OF AN EMERGENCY:

1st Contact Name: \_\_\_\_\_ 2nd Contact Name: \_\_\_\_\_  
 Relation: \_\_\_\_\_ Relation: \_\_\_\_\_  
 Daytime phone: \_\_\_\_\_ Daytime phone: \_\_\_\_\_  
 Evening phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_  
 Cell phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
 Email: \_\_\_\_\_ Email: \_\_\_\_\_  
 Next of kin: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

1. How did you hear about this trip? \_\_\_\_\_

2. Do you speak Spanish? No \_\_\_\_\_ A Little \_\_\_\_\_ I can communicate \_\_\_\_\_ Fluent \_\_\_\_\_ Bilingual \_\_\_\_\_

3. Do you have any pre-existing medical conditions? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

4. Do you have any physical or mental health conditions of which our trip leaders should be aware?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Please list any medications (both prescription or over-the counter) that you are taking. \_\_\_\_\_  
\_\_\_\_\_

6. Please indicate if you are Vegetarian, Vegan, or have any other eating restrictions. \_\_\_\_\_  
\_\_\_\_\_

**Please put a check beside those skills, experiences, qualities below that you bring to the trip. Note your specific skills/experiences in the space to the right.**

### SKILLS

- \_\_\_ Spanish language
- \_\_\_ Construction skills: carpentry, electrical, concrete, etc.
- \_\_\_ Information technology skills
- \_\_\_ Music: singing, playing instruments
- \_\_\_ Youth Leader / Advisor / CIT
- \_\_\_ Project management
- \_\_\_ Medical / first aid training
- \_\_\_ Cultural knowledge (El Salvador / Central America)
- \_\_\_ Sports
- \_\_\_ Other

**Applicant Name:** \_\_\_\_\_

**EXPERIENCE** (skills, experiences, qualities below that you bring to the trip)

- Experience dealing effectively and positively w/diversity
- Experience working in groups or on teams
- Leadership experience
- Camping / primitive living experience (hot & humid conditions w/ no AC or fans, outhouses, bugs, public and limited bathing, shared sleeping space w/family)

**OTHER** (skills, experiences, qualities below that you bring to the trip)

- Willingness/ability to work all day every day and adhere to host family bedtime (between 9-10 pm)
- Ability to pay own way and contribute to project
- Flexibility to cope with limited diet, lack of privacy, limited free time
- Healthy: physical stamina to deal with hard work, extreme heat, very limited access to healthcare
- Willingness/ability to learn Spanish among community members and your new family

**QUESTIONS TO HELP US GET TO KNOW YOU** (Please use separate sheet for responses)

1. Have you ever been to Latin America or other developing countries? If so, when, where, and in what capacity?
2. Do you have any experience working or living in impoverished communities? If so, please explain.
3. What motivates you to go on this trip? What do you hope to gain from the experience?
4. Traveling, learning and working in a developing country is challenging and uniquely rewarding. Service Teams bring together diverse individuals to take on these experiences as a group. What personal qualities would you bring to the group? Give examples.
5. Other comments/ questions:

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

***Return by due date with \$50 processing fee  
(Processing fee of \$100 applies after due date)***

**Due Date: February 15, 2010**

***Please make check payable to International Partners***

Mail to:  
International Partners  
c/o Trip Coordinator  
1320 Fenwick Lane, Suite 400  
Silver Spring, Maryland 20910

OR

By email: [tripcoordinator@internationalpartners.org](mailto:tripcoordinator@internationalpartners.org)

Payment by credit card is accepted on our website at [www.internationalpartners.org](http://www.internationalpartners.org)