



COMPASSION|CORPS

Short-Term Team Application

[Please fill out all forms, make a copy of your passport, & include \$150 nonrefundable deposit. Mail to Compassion Corps, PO Box 103, Chester Heights, PA 19017 or bring to next team meeting. Please be thorough and complete in filling out the application.]

Full Name as PRINTED ON PASSPORT: _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____

Home Phone: _____ **Your Cell Phone:** _____

Email: _____

Date of birth: ____/____/____ **Social Security #:** _____

Age (at time of trip): _____

Citizenship: US Canada Other _____

Passport Information:

Number: _____ **Issuing country:** _____

Issue date: _____ **Expiration date:** _____

Issuing authority: _____

Service Information:

❖ **Do you have any current professional certifications? If Yes, in what?**

❖ **Why are you interested in participating in this opportunity?**

❖ What do you feel that you can contribute to a team by way of abilities, talent, or interests? Please check all that apply:

<u>Area</u>	<u>Check (if interested)</u>	<u>Area</u>	<u>Check (if interested)</u>	<u>Area</u>	<u>Check (if interested)</u>
Work with children		Teaching		Office Administration	
Work with youth		Music		Arts & Crafts	
Work with women		Drama		Handcrafts	
Work with men		Construction		Micro-business	
Medical/health		Hospitality		Technical Training	
Counseling		Team Building		Agriculture	
Videography		Journalism		Computer Technology	
Photography		Other (please specify)		Other (Please specify)	

❖ Do you speak any languages?

<u>Language</u>	<u>Skill Level</u>			<u>Read</u>		<u>Write</u>	
	Beginner	Conversant	Fluent	Yes	No	Yes	No
	Beginner	Conversant	Fluent	Yes	No	Yes	No

❖ Have you participated in other short-term service opportunities?

<u>Country</u>	<u>Length of Stay</u>	<u>Description of activities</u>

Please make a copy of your passport and any medical certificate/licenses and include with this application.



Compassion Corps Short-Term Team Policies

The beauty and distinction of teams with which Compassion Corps has had the privilege of serving has been their unity amidst diversity. Team members come from various church affiliations, geographic locations, and age groups. Flexibility & patience must be key qualities of each team member.

In this spirit, as a team member I agree...

- to attempt to live the Golden Rule (do to others as I would have them do to me) each day with my team and with those I serve.
- to remain flexible even if it means my schedule or plans may have to change.
- to steer away from topics on which a team member and I may not see eye to eye (ie: doctrine, politics, etc.).
- to abstain from alcoholic drinks, smoking & illegal drugs.
- to wear modest & culturally appropriate clothing as described by my team leader & based on the country I am working in.
- to participate with the team by giving constructive feedback, ideas and suggestions as needed and in appropriate ways.
- to be on time for scheduled meetings and to be prompt to the stations or activity that I am assigned to.
- to stay with the team. I will not leave the group without talking first with the team leaders.
- to be respectful of the culture I am working in regarding male/female relationships. I understand that holding hands or kissing members of the opposite sex (even if married) is not commonly practiced in this culture.
- to use good moral judgment if my boyfriend/girlfriend/fiancée is also a member of the team.
- to proceed cautiously with any relationship that might develop while on the trip.
- to work through Compassion Corps should I desire further involvement with a particular project or person that may grab my heart while on the trip. I understand that supporting a person directly can cause misunderstanding for others and can put an extra burden on workers. By working with Compassion Corps, which has already established the relationships and partnerships, I can be sure that my funds are used appropriately and can be accounted for.

I have read the above policies regarding participation on this short-term team, and I agree to abide by them.

Signature: _____ Date: _____



COMPASSION|CORPS

Medical Care Information

Team Member _____ **Birthdate** _____

Emergency Telephone Numbers:

Name: _____ **Phone:** _____

Name: _____ **Phone:** _____

Medical Insurance Information:

Provider: _____

Address: _____

Group #: _____ **Policy #:** _____

Medical Information:

Doctor's name: _____ **Phone:** _____

Any special medical conditions? _____

Special instructions: _____

Any dietary needs? _____

Medications:

Drug: _____ **Dosage:** _____ **Times:** _____

Drug: _____ **Dosage:** _____ **Times:** _____

Any allergies: _____



References

[Please provide us with the following references]

Personal Reference (not a relative)

Name: _____

Address: _____

Phone: _____

Email: _____

Work Reference (please give name of boss, supervisor, or manager)

Company & contact name: _____

Address: _____

Phone: _____

Email: _____

Pastor or Spiritual Leader Reference (please indicate position, i.e. pastor)

Name/Position: _____

Address: _____

Phone: _____

Email: _____