

# COTP Volunteer Application

Please download before completing application.

## **Contact Information:**

First and Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Country \_\_\_\_\_

Telephone (home) (\_\_\_\_) \_\_\_\_\_ (mobile) (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Age when traveling \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Passport Number \_\_\_\_\_ Passport Expiration date: \_\_\_\_\_

Marital Status (circle one) Single / Married / Divorced /Other

## **Emergency Contact Information:**

Emergency Contact's Relationship to you \_\_\_\_\_

First and Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Country \_\_\_\_\_

Telephone (home) (\_\_\_\_) \_\_\_\_\_ (mobile) (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

## **Insurance/Health Information:**

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Will this insurance cover you outside of your home country (circle one) Yes / No

Do you have travel/evacuation insurance (circle one) Yes / No

---If so, please list the company and policy number \_\_\_\_\_

Please list any conditions or physical problems that we would need to be aware of in case of an emergency; including allergies and any medications you are taking (COTP reserves the right not to accept an applicant if we deem your medical condition could pose extra strain on or is too great of risk you or our staff in Haiti):

\_\_\_\_\_  
\_\_\_\_\_

**Additional Questions**

If planning on traveling with others please list group/church name (or group organizer)

---

If this is your first time coming to volunteer at COTP how did you come to hear about COTP?

---

Do you have previous mission/volunteer trip experience working overseas? (circle one) Yes / No

What is your current job/profession? \_\_\_\_\_

If you have a degree or are pursuing one please list it \_\_\_\_\_

Please list areas of skill/talent/experience you have--both self taught and degreed--that may be useful while at COTP (Here are some examples to get you thinking: physical therapist, carpentry work, electrical work, play a musical instrument, teacher-what kind?, Sunday school teacher, doctor, nurse, social worker, accountant, pastor, financial trainer, chef, parent of kids, seasoned babysitter, painter, welder, landscaping, mason, furniture building, equipment operator, sew well, prayer warrior, etc. etc.)

---



---



---

Do you consider yourself to be a Christian? (circle one) Yes / No

What best describes your faith walk? (circle one)

curious / new believer / been a believer for a number of years / long time believer / N/A

Please list the name of the church you attend and it's denominational affiliation (this is mostly just for curiosity on our part to see the wide variety of faith traditions represented).

---

When going on a mission/service/vision trip there can be physical, emotional, or spiritual concerns of those going. There are also expectations or things we are looking forward to that we carry with us. For us to know you better please share a bit about any fears or concerns you may have as well as any expectations or things you are looking forward to during your time with us below.

Is there any other information that you think is pertinent for us to know about you?