



Long Term Volunteer Application

Date of Application: _____

(Please complete application, print and mail to PO Box 410 Worthington, Ohio 43085)

* **A current resume must be attached to this application for it to be complete**

Name: _____
First Middle Last

Home phone number: _____ Cell number: _____

Email Address _____

Home Address: _____
Street

City State Zip Code

Male Female T-shirt size _____ Date of Birth: _____

Passport #: _____ (please provide a copy of your passport)

Emergency Contact Information: _____
Name

Cell Phone #: _____ Home or Work #: _____

Relationship to you: _____

References: (2 professional and 1 personal)

Name: _____

Email: _____ Phone #: _____

Address: _____

What is the nature of your relationship to this person? _____

References:

Name: _____

Email: _____ Phone #: _____

Address: _____

What is the nature of your relationship to this person? _____

References:

Name: _____

Email: _____ Phone #: _____

Address: _____

What is the nature of your relationship to this person? _____

Educational Experience/Training (formal and informal that is relevant to your desired LTV position not outlined in your resume):

Areas of Interest:

- Education Healthcare Administration and project management Social Work
- Gardening and Livestock Artist in Residence IT support Maintenance
- Other-*Please explain below*

Language Skills: (all LTV's must speak Spanish)

Please identify your language skills on a scale of 1-5 by circling your skill level

1. Understand only basic phrases and conversation
2. Understand and respond with difficulty
3. Function on a basic level at home and work
4. Express and respond to most situations
5. Express complex thoughts fully and fluently

Community and Volunteer Activities:

Please describe any community or volunteer work relevant to the LTV position desired

Name of Organization: _____

Position Held: _____ Dates: _____

Number of hours invested: _____ Describe below your duties and achievements:

Questions: (Feel free to attach a sheet with the questions and answers)

- How did you hear about Montaña de Luz?

- Why do you want to volunteer with MDL?

- What are your expectations both professionally and personally for this volunteer experience?

- We are a faith based organization; please describe your level of comfort with working with and representing a faith based organization.

- Are there any health or other considerations that might affect your volunteer work with MDL or needs that need to be accommodated?

- Please describe your travel experience (domestic and international) including the location, length of travel and purpose.

- Is there anything else you would like to share?

- Do you plan to fundraise your living expenses?

I give permission for MDL to contact the references provided. I certify that the answers I have given in this application are true and complete to the best of my knowledge.

Signature of Applicant _____ Date: _____

Applicant Name Printed: _____