

Holt International Children's Services

Holt Children's Services Ilsan Center

Volunteer Application Form

Print your complete name <u>EXACTLY</u> as it appears on your PASSPORT (LAST, First, Middle)															
Preferred Name (If different from above)															
Permanent Mailing Address: Street, City, State, Zip Code															
Country of Citizenship								Country of Birth							
Passport Number								Expiration Date							
<p>All volunteers from the United States must have a valid United States passport for travel to Korea. The expiration date of your passport cannot be less than 6 months past your scheduled departure date from Korea. You must also have a valid entry visa for stays of over 30 days in The Republic of Korea. You must apply for and receive a valid tourist visa prior to leaving the United States. If you do not have a passport yet, you must apply immediately, and notify Holt of the number as soon as you receive it.</p>															
Are You a Korean Adoptee?			Yes		No										
Adopted Through Holt USA?			Yes		No		If No, Agency Name								
Home Phone			()		Cell Phone			()							
Work Phone			()		Fax Number			()							
E-Mail															
Occupation						Education									
Employer						Position									
Gender <i>Please mark one</i>			M	F	Birth Date			MONTH	DAY	YEAR	Age (At Korea Entry)				
Please indicate the approximate beginning and ending dates that you would be available to volunteer:															

Volunteer service periods of less than one (1) month and of more than three (3) months are typically not available at the Holt Ilsan Center. Volunteer service periods of at least two (2) months are preferred. Stays in Korea of longer than 90 days have specific visa requirements. For further information, please contact Holt International. Holt International cannot guarantee availability of specific dates for volunteer service, and all volunteer applications are subject to final approval by Holt Children's Services of Korea.

Who should we contact in case of emergency? *Please list two persons not living at the same address.*

Contact Name						Relationship to You					
Current Address											
City				State				Zip			
Home Phone			()		Work/Cell Phone			()			
Contact Name						Relationship to You					
Current Address											
City				State				Zip			
Home Phone			()		Work/Cell Phone			()			

Volunteer Applicant Medical Information

(This Information Will Remain Confidential)

Please print clearly and fill out the entire form. Holt is requesting this as part of your background information but makes no claims regarding the provision of medical services. Holt staff workers are not medical professionals and are unable to offer medical intervention beyond assisting afflicted volunteers to obtain care at a treatment facility. If you require either prescription or over-the-counter medications you should travel with a supply that exceeds your needs for the expected length of your entire stay. Assume that any medications available in the U.S. are unobtainable in Korea. Know your insurance coverage's conditions regarding health care while you are out of the country.

Please list current medications	Dosage	Reason for taking

Please describe any known medical conditions that are currently under treatment or being monitored.

Please list current ALLERGIES to medications, food, insects, or other substances.

Do you have any dietary restrictions? Meals will typically consist of beef, pork, vegetables, rice and soup. Please be aware that alternatives may not be available and/or difficult or impossible to arrange.

Do you have any physical limitations that may limit your participation in physical activities?

Have you received any psychiatric, psychological or counseling treatment this last year? If yes, please explain.

Do you have a history of any of the following conditions? *Please mark all that apply*

<input type="checkbox"/>	Allergies	<input type="checkbox"/>	Arthritis/ Rheumatism	<input type="checkbox"/>	Asthma
<input type="checkbox"/>	Cancer	<input type="checkbox"/>	Depression	<input type="checkbox"/>	Diabetes
<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Heart Disease	<input type="checkbox"/>	High Blood Pressure
<input type="checkbox"/>	Psychiatric Disorder	<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>	Other:

If you marked any of the above that you have not previously explained, please note here:

Any other major illnesses, surgeries, treatments, hospitalizations or conditions we should be aware of?

I certify that the above information is accurate based on my current knowledge.

--

Signature

Printed Full Name

Date

Volunteering at Ilsan

Volunteering at the Holt Ilsan Center can be both exciting and challenging. It can be a tremendously meaningful experience in your life. You may encounter things that you may not expect, make connections to a culture that you might not know much about, and discover a new perspective and appreciation of your own life. Ilsan is truly a wonderful place, but life in Korea can be very different from life at home. Some days can be physically and/or emotionally strenuous. You will be expected to follow a regular work schedule, and people will be depending on you to do so. You will be expected to obey rules governing conduct during your stay. During the summer the weather will be very hot, humid, and at times very rainy. During the winter it can be very cold and dry. Food will be very different from what you have experienced in the USA, even at Korean restaurants. Please understand that they may not be able to accommodate special dietary requirements. **The most important thing is to be flexible, and keep an open mind.** You will be a guest in a foreign country, and the rules at home may not apply.

The following questions will help us get to know you better, and help you think about how you will handle these new and exciting experiences. You are welcome to use additional pages.

How did you learn about Holt International Children's Services and our volunteer program?

What are your thoughts and feelings about Holt's work, about Korea, and about adoption in general?

If you are an adoptee, what has your experience been like growing up with your adoptive family?

What is your motivation for serving as a volunteer in Korea, and particularly at Ilsan?

Many of the tasks performed by volunteers involve physical labor, including assisting adult disabled residents in/out of beds and wheelchairs, and pushing residents of all ages in wheelchairs up steep and or hilly paths. Do you have any physical condition that would prevent you from performing such activity?

What do you think are your strengths? What do you think are your weaknesses?

What skills or expertise do you feel that you could contribute at Ilsan?

Do you have any previous experience working as a volunteer? If yes, please describe.

What kind of volunteer activity interests you the most?

Please describe any experience you have had working with developmentally or physically disabled individuals.

Have you ever traveled to Korea? If yes, did you visit the Holt Ilsan Center? Have you ever visited any other foreign country? Do you speak any foreign languages?

Please share your hopes and expectations for your time in Korea, and what you would like to gain.

Volunteer Applicant References

To get to know you better, we will be sending reference letters to the five persons you have indicated below. You may use relatives, friends, teachers, employers, pastors, or others. No more than two of the references may be from relatives. Please provide complete information for the person. Please inform them that you have listed them as references, and ask them to respond as soon as they receive the letter from Holt. **If any of your references have access to email or fax, please provide that information as it will speed the process up significantly.**

Reference Name		Relationship to You	
Current Address			
City		State	Zip
Home Phone	()	Cell Phone	()
Work Number	()	Fax Number	()
E-mail Address			

Reference Name		Relationship to You	
Current Address			
City		State	Zip
Home Phone	()	Cell Phone	()
Work Number	()	Fax Number	()
E-mail Address			

Reference Name		Relationship to You	
Current Address			
City		State	Zip
Home Phone	()	Cell Phone	()
Work Number	()	Fax Number	()
E-mail Address			

Reference Name		Relationship to You	
Current Address			
City		State	Zip
Home Phone	()	Cell Phone	()
Work Number	()	Fax Number	()
E-mail Address			

Reference Name		Relationship to You	
Current Address			
City		State	Zip
Home Phone	()	Cell Phone	()
Work Number	()	Fax Number	()
E-mail Address			