

Volunteer Application



The mission of Open Hands is to glorify God by offering relief to those suffering due to crisis, poverty, or injustice.

Mail applications to:

Open Hands
41 Northmoor Place
Columbus, Ohio 43214
Email: info@openhandsintl.org
Web site: www.openhandsintl.org

Section 1: General Information

Date: ____/____/____

Legal Name (as on passport): _____ Name you prefer: _____

Home Address: _____ Phone: Home: (____) _____

City: _____ Work: (____) _____

State: _____ Zip: _____ Country: _____ Cell: (____) _____

Birthdate: ____/____/____ Fax: (____) _____

Passport #: _____ Expiration date: ____/____/____ Email: _____

Spouse's Name: _____

Emergency contact: _____ Relationship: _____

Phone: Home: (____) _____ Work: (____) _____

How did you hear about Open Hands?

- Colleague Hospital Media – Television School
- Church Internet OH Staff Volunteer
- Family Media – Newspaper Other NGO's Work
- Friend Media – Radio Professional Organizations Other

Do you have any physical limitations or medical conditions that would prevent you from safely doing the task you are applying for? Yes No

If yes, please describe the limitations: _____

Have you ever been charged with or convicted of any crime including either a felony or a misdemeanor? Yes No

If yes, please describe when, where, and the nature of the charge: _____

Section 2: Employment Information

Company / Agency: _____ Phone: (____) _____

Address: _____ Supervisor: _____

City: _____ State: _____ Zip: _____ Country: _____

Position / Title: _____ Employment Dates: From _____ To _____

Specialties / Responsibilities / Duties / Special Projects: _____

Section 3: Education and Experience

Education (Major Subjects): _____

Foreign Languages: _____ Degree of Fluency: Novice Intermediate Fluent Translator

Previous international or cross-cultural medical, work, or travel experience:

Country	Type of Experience	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Past or present church, civic or auxiliary affiliations, volunteer experience, or interests that may be helpful as a volunteer:

Church or Organization	Position
_____	_____
_____	_____
_____	_____

Section 4: Where would you like to volunteer? (Check all that apply)

Columbus, Ohio Domestic, United States International Teams International Disaster Relief Teams

Please Note: Placement as a volunteer is contingent upon an opportunity that matches your skills and interests. Your application will be considered active and available for recruitment upon completion and return of this form, including submission of all other required supplemental forms and information. An application is valid for two years from date received. Placement on a team, in an office, and/or a support position reactivates application.

Section 4A: Columbus, Ohio / Domestic Interest

Areas you would like to volunteer (Check all that apply):

Domestic Medical

Local Medical Team Only

General Office

Data Entry / Word Processing
 General Office
 Receptionist
 Translation

International Missions Support

Bin / Container Packing
 Carpentry
 Delivery / Pickup Truck Van
 Fork Lift
 General Warehouse
 Janitorial
 Maintenance / Repair
 Sorting

Resource Development

Communication / Fund Raising
 Special Events
 Speaking
 Grant Writing / Research
 Web Site

Other _____

Availability: (Office hours are dependant on project needs, independent projects also available)

Monday Tuesday Wednesday Thursday Friday Weekend
 Morning Afternoon Evening

How much notice do you need to come in for a special project? _____

Section 4B: International Team Interests

TO COMPLETE YOUR APPLICATION FOR SERVICE ON AN INTERNATIONAL TEAM, MAIL THE FOLLOWING:

- Completed application, international team questionnaire and two references using the Open Hands International Reference Form
- Description of work history (for example, resume or curriculum vitae) and copy of medical license(s) (if applicable)
- A photocopy of your passport and a passport-size photo with your name written on the back

Team Types (Check all that you are interested in and qualified for):

<input type="checkbox"/> Community Health (Medical Professionals only)	<input type="checkbox"/> Disaster Response (see box below)	<input type="checkbox"/> Medical Team (Medical Professionals only)
<input type="checkbox"/> Children's Ministry	<input type="checkbox"/> Emergency Medical Services	<input type="checkbox"/> Medical Training Services*
<input type="checkbox"/> Dental Team (Dental Professionals only)	<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Work / Construction Team

*List Specialization: _____

Minimum Disaster Response Requirements:

- Current Medical Licensure (MD, DO, PA-C, RN, FNP, ANP, PNP, EMT-P)
- Previous developing nations work / living experience

Regions of Interest:

Africa Eurasia East Asia Latin America Where most needed

Specific Country / Team: _____

Availability: (Teams are deployed for 1-2 weeks — Disaster Teams for 2-4 weeks)

Available with: 24-hour notice 2-3 weeks' notice Up to 2 months' or more notice
 Available to serve for: 1-2 weeks 2-4 weeks 1-3 months 3-6 months 6-12 months Other: _____

Medical Specialties:

TITLE:

Physician
 Nurse
 Dentist: DMD DDS
 EMT / Paramedic: Level _____
 Nurse Practitioner
 Physician's Assistant
 Psychiatrist: MD PhD MA
 Psychologist: PhD MA
 Registered Hygienist
 Therapist: Type: _____
 Other: _____

SPECIALTIES: Check all that apply

<input type="checkbox"/> Anesthesia	<input type="checkbox"/> ICU / CCU	<input type="checkbox"/> Orthopedics
<input type="checkbox"/> Community Health	<input type="checkbox"/> Internal Medicine	<input type="checkbox"/> Orthotic / Prosthetic
<input type="checkbox"/> Cardiology	<input type="checkbox"/> Infectious Disease	<input type="checkbox"/> Pathology
<input type="checkbox"/> Dentistry	<input type="checkbox"/> MT / OT / PT	<input type="checkbox"/> Pediatrics
<input type="checkbox"/> Emergency Services	<input type="checkbox"/> Neurology	<input type="checkbox"/> Pharmacology
<input type="checkbox"/> Endoscopy	<input type="checkbox"/> Nutrition	<input type="checkbox"/> Plastic Surgery
<input type="checkbox"/> ENT	<input type="checkbox"/> OB / GYN	<input type="checkbox"/> Radiology
<input type="checkbox"/> Family Practice	<input type="checkbox"/> Ophthalmology	<input type="checkbox"/> Recovery
<input type="checkbox"/> General Surgery	<input type="checkbox"/> Optometry	<input type="checkbox"/> Trauma Counseling
<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Oral Surgery	<input type="checkbox"/> Urology

Other Specialties: _____

Certification / Medical License #: _____ Issue Date: ____/____/____ Expiration Date: ____/____/____

Please select t-shirt size: Small Medium Large X-Large 2X-Large

AGREEMENT AND RELEASE FOR BACKGROUND CHECK

I am applying for volunteer service for Open Hands, whose primary purpose is to extend the love of Christ through disaster response, relief and development, specializing in medical care and health education for the needy people of the world.

I certify that all statements made in my application and description of work history is true, accurate and complete. I hereby expressly authorize Open Hands, its officers, agents and employees, to investigate in any manner they deem appropriate, at their sole discretion, educational, employment, community service or professional background, and public or private records including but not limited to law enforcement and court records and personal references. I further consent to and authorize Open Hands to communicate with any and all of my previous or current employers relating to my work record and experience.

I certify that I am not aware of any physical or mental restriction or condition that would impair my ability to perform the essential functions of the volunteer position for which I am applying, and I am fully capable of responding to the physical and mental demands of the volunteer position I seek.

Open Hands reserves the right to require a medical certification from the potential volunteer's own physician at the potential volunteer's own cost, certifying that the potential volunteer does not have any physical or mental conditions or restrictions that would impair the potential volunteer's ability to perform the essential functions of the volunteer position sought.

In consideration of being evaluated for volunteer service with Open Hands, I hereby release and forever discharge Open Hands, its officers, agents and employees from any and all claims, demands, damages or liability relating to or arising out of the requesting of, or furnishing of, any information relating to my medical, health, educational, employment, community service or professional background, and public or private records including but not limited to law enforcement and court records and personal references as described above.

Volunteer: _____ Date: _____

Parent/Guardian: _____ Date: _____
(required for volunteers under age 18)

GENERAL RELEASE

In consideration of Open Hands arranging a volunteer assignment for me, and with the intention of binding myself, my heirs, legal representatives, successors and assigns, I hereby expressly RELEASE AND FOREVER DISCHARGE Open Hands, its officers, directors, employees, volunteers, agents, legal representatives, insurers, successors, and assigns from any and all claims, demands, damages, liabilities, and causes of action that I now have or may in the future have, whether known or unknown, of whatsoever nature, relating to or arising out of my selection as a volunteer by, or my service as a volunteer with, Open Hands whether or not due to Open Hands' negligence, strict liability, or any other breach or fault. This includes, but is expressly not limited to, death, bodily injury, personal injury, property damage, loss or theft of property, economic loss, or any other damage, loss or cost.

This document shall be construed according to the laws of the state of Ohio. If a dispute should arise with respect to the meaning of any of the terms of this document, the rule of construction that a document is construed against the party preparing such document shall specifically not be applicable to the interpretation of this document.

This General Release represents the entire agreement of the parties hereto and supersedes any and all prior or contemporaneous oral or written understandings, statements, representations or promises. All of the terms hereof are contractual and not mere recitals.

I acknowledge that I have carefully read this General Release, know and understand the contents thereof, and that this document was freely and voluntarily executed. I acknowledge that I was given the opportunity to seek independent legal counsel on any and all matters herein before I signed this General Release.

Volunteer: _____ Date: _____

Parent/Guardian: _____ Date: _____
(required for volunteers under age 18)

CONFIDENTIALITY POLICY

In the course of your volunteer work for Open Hands, you may have access to or hear about confidential or sensitive information. It is your responsibility not to reveal nor divulge this information. Information may be used only as it pertains to your work as a volunteer, and it should not be shared with others outside Open Hands. Examples of confidential information include but are not limited to donor or volunteer names, telephone numbers, place of employment, financial information, or other information. Violation of this confidentiality policy may result in termination of your volunteer status.

I agree that Open Hands may use my name and any photographs and video of me for publicity or promotional purposes without liability or obligation to me.

I have read and understand the Open Hands volunteer confidentiality policy as written above, and I agree to adhere to it.

Volunteer: _____ Date: _____

Parent/Guardian: _____ Date: _____
(required for volunteers under age 18)



NAME _____
Please Print

INTERNATIONAL TEAM VOLUNTEER QUESTIONNAIRE

Please answer the following questions, citing personal experiences that relate to your answers. A separate sheet of paper may be used for your answers, but please note the question number as a reference.

- For what reasons are you applying to be a volunteer of Open Hands? What do you hope to accomplish through your service?

- What lessons from working or traveling cross-culturally will you apply to your team assignment?

- Describe a situation you faced in the past that was highly sensitive or political. What skills did you utilize to help yourself and others deal with the situation?

- What qualities do you most appreciate in a supervisor or a person in a leadership position?

- Open Hands hopes to foster an atmosphere of team unity and cohesiveness that will strengthen the ability of the team to work together. How do you hope to contribute to the cohesiveness of the team? What personal characteristics helped in past experiences where a group effort was essential?

- Describe at least two personal growth areas in your life and how you are working on these areas.

- In some cases, team members may voluntarily assemble for prayer and devotions. Please explain your opinions and/or feelings on this matter.

- What apprehensions do you have about traveling with a team from Open Hands?

- We send teams to remote areas of the world where there are potential health hazards and risks, limited hygiene facilities, extreme weather, and very basic living conditions. What physical limitation(s) or health condition(s) may limit your participation under these conditions?

Dated this _____ day of _____, 20_____

_____ Applicant's Signature

PLEASE NOTE:

The mission of Open Hands is to "glorify God by offering relief." In our various development countries, we carry out this mission in partnership with Christian organizations that work in cooperation with local Christian churches. For this reason, volunteers working on Open Hands program teams must be prepared to respect the Christian identity and mission and support the core values of its partners in the country.