



## Serve to Learn 2015

July 3 – July 25, 2015

**Instructions:** This application form is to be completed by potential Serve to Learn volunteers and must be submitted no later than **April 15, 2015**. Applicants must also provide **one essay** on their interests and why they want to join the program (500 words, 12 pt., Times New Roman font), as well as **one recommendation letter**. Finally, applicants must pay a one-time **non-refundable fee of \$35**. Instructions on how to submit payment are below. If you have any questions, feel free to contact Mira Fouad, Serve to Learn program coordinator, at [mfouad@copticorphans.org](mailto:mfouad@copticorphans.org).

### Personal Information

*Please print your responses clearly and legibly*

Name (official name as it appears on passport) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
First Middle Last

Gender:  Male  Female Date of birth (mm/dd/yyyy): \_\_\_\_\_

Preferred mailing address  Home  Work  School

Address \_\_\_\_\_

City \_\_\_\_\_ State/Prov. \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Home phone \_\_\_\_\_  Ok to call

Work phone \_\_\_\_\_  Ok to call

Mobile phone \_\_\_\_\_  Ok to call

Email address \_\_\_\_\_

Please rank your Arabic language proficiency with 0 = no ability and 5 = fluent

\_\_\_\_\_ Speaking \_\_\_\_\_ Reading \_\_\_\_\_ Writing

### Contact Information while in Egypt:

Contact name and relationship to applicant \_\_\_\_\_

Address \_\_\_\_\_

Home phone \_\_\_\_\_ Mobile phone \_\_\_\_\_

Work phone \_\_\_\_\_

### Citizenship Information

Country of Citizenship \_\_\_\_\_

Type of Documentation (passport, birth certificate, student visa, green card) \_\_\_\_\_

Yes, I attached a copy of the photo page of my passport or other proof of citizenship.

Passport Number \_\_\_\_\_ Place of issuance \_\_\_\_\_ Birthplace \_\_\_\_\_

Date of issuance (mm/dd/yyyy): \_\_\_\_\_ Expiration (mm/dd/yyyy): \_\_\_\_\_

Volunteers are responsible for obtaining their own visas to Egypt and should do so immediately upon acceptance to the program. **Please make sure you include a copy of your passport picture with your application.**

**We want to get to know you better. Please answer each question to the best of your ability.**

Are you a returning Serve to Learn volunteer?  No  Yes

Have you previously been to Egypt?  No  Yes If 'yes', please provide dates and purpose of previous trips:

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How did you become interested in Egypt and the Coptic Orphans mission?

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How do you think the Serve to Learn Program will differ from other international volunteer trips and programs (e.g. mission service trips, medical service trips, local church trips, etc)? What specifically attracted you to Serve to Learn program?

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Why are you interested in going with an organization as opposed to going on your own?

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Teaching Experience, if any (including church service):

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What do you hope to gain from this experience?

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How do you expect to share your experience when you return? Do you enjoy writing, speaking at your church, or documenting your experiences through photos or videos?

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Describe your personal interests, hobbies, and talents. How can they contribute to the Serve to Learn program?

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In order to help us clarify the program, please summarize what you already know about volunteering with Serve to Learn (i.e. purpose, responsibilities, tasks, site conditions, etc...) Include questions or concerns that we can address.

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### Medical Information

Volunteer trips can be physically and emotionally demanding. Despite this, many of our past volunteers felt they were capable to serve in these conditions and that it was an overall transformative experience. Still, we ask that you thoroughly assess your health in light of the potential rigors of the trip.

Examples:

- Climatic changes--high temperatures (90 - 125 F) and/or high humidity; change in altitude
- Exposure to unfamiliar bacteria due to change in diet
- Full schedules
- High levels of air pollution
- Travel in cramped vehicles
- Stairs and carrying luggage
- Some travel on foot
- Limited availability of some medical equipment and medications
- Significant time difference

These factors, combined with potential strains from culture shock and intensive interaction with other group members, can affect your health. Illnesses requiring bed rest impair one's ability to participate in scheduled programming, and can affect the entire group's learning process. We ask that you assess your physical and mental condition carefully and encourage you to consult with a health care provider. The medical information you provide here will not be used to determine your acceptance into the program. We require that you provide us with the following information so that our staff can make any possible accommodations to meet your health needs and respond to any emergencies. Any information you provide will be kept confidential.

1. Do you have a history of any of the following medical conditions?

- epilepsy
- allergies (including allergies to any medicines)
- heart condition
- arthritis (or other condition that limits mobility)

- asthma
- diabetes
- back problems or other injuries
- emphysema
- high blood pressure
- alcoholism
- eating disorders
- other substance abuse or chemical dependencies
- other medical conditions (please list) \_\_\_\_\_

How might any of these conditions affect your travels and time during the program?

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### Consent to the use of Coptic Orphans of Photographs/Videos

Coptic Orphans will always use any image of volunteers and program participants in an appropriate and respectful manner. By applying, you agree to the terms below unless you opt out. Coptic Orphans reserves the right to create via photography or other visual documentation means, and the right to reproduce, display, and disseminate worldwide and in perpetuity, in any traditional or electronic media format, photographs or other images of the likeness of volunteers taken in association with their participation in programs carried out under Coptic Orphans without owing any form of compensation for the use of such images.

Opt out: I hereby refuse to grant Coptic Orphans permission to use images of me in non-profit educational, research, or other non-commercial purposes.

By agreeing to participate in STL, I further agree to document and share my experiences as a Serve to Learn volunteer, and I agree to provide Coptic Orphans with at least 4 pieces of writing, photography, or video for dissemination through the organization's channels or through other interested media outlets. I further agree to work with Coptic Orphans to ensure that any such content related to STL is culturally and otherwise appropriate, respectful, and suitable for dissemination to Coptic and other audiences.

Please initial here: \_\_\_\_\_.

### Recruitment Survey

1. How and when did you first hear about Serve to Learn?

- Phone contact with Coptic Orphans staff
- Coptic Orphans website
- Internet (other than Coptic Orphans website, please specify): \_\_\_\_\_
- Outreach meeting
- Contact with current or returned volunteers
- Other (please specify): \_\_\_\_\_

2. Who or what influenced you the most in your decision to apply to Serve to Learn?

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3. Have you participated in other service trips? If so, where did you go? Did you go with a particular organization? And what kinds of services did you participate in?

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4. What is your ethnic heritage? \_\_\_\_\_

5. Church affiliation/denomination \_\_\_\_\_

6. Education Level

- High School       Undergraduate       Other \_\_\_\_\_
- College Degree       Associate Degree
- Masters Degree       Doctoral Degree

7. What is your major field of study? \_\_\_\_\_

8. Communications skills, if applicable:

- Blogging    Photography    Video    Social media, (e.g., Facebook, Twitter)    Other \_\_\_\_\_

**Payment**

Application fee method of payment:    Online payment       Check payable to Coptic Orphans

To pay online, go to [www.CopticOrphans.org](http://www.CopticOrphans.org). Simply [make a donation](#) and note that the amount is for your Serve to Learn application fee and/or program fee in the comments. We will process your application once the application fee is received. **You will be notified of your acceptance into the program two weeks following the application submission deadline.**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name of applicant (please print)**

Please email this form along with your essay, recommendation letter, and copy of your passport to [info@copticorphans.org](mailto:info@copticorphans.org) or mail it to:

Coptic Orphans  
PO Box 2881  
Merrifield, VA 22116  
U.S.A.