



Serve to Learn Application Form

PERSONAL INFORMATION:

Please print your responses clearly and legibly

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

Preferred mailing address Home Work School _____

City _____ State/Prov. _____ Zip/Postal Code _____ Country _____

Home phone (_____) _____ Ok to call
Area Code

Work phone (_____) _____ Ok to call
Area Code

Mobile phone (_____) _____ Ok to call
Area Code

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

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 (____) _____

Work phone (____) _____

Mobile phone (____) _____

Application fee method of payment: Online payment

Check payable to Coptic Orphans

CITIZENSHIP INFORMATION

NOTE: Volunteers are responsible for obtaining their own visas to Egypt and should do so immediately upon acceptance to the program.

Country of Citizenship _____ Type of Documentation _____
(e.g. passport, birth certificate, student visa, green card, etc.)

Enclosed are two copies 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): ____/____/____

We want to get to know you better. Please answer each question to the best of your ability. There are no right or wrong answers.

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?

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

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What specifically attracted you to Coptic Orphans STL Program?

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Teaching Experience (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?

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Describe your personal interests, hobbies, talents, regardless of their relevance to this program.

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Have you had the opportunity to speak with former volunteers? If so, who? If not, CO can provide names and contact information of former volunteers.

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MEDICAL INFORMATION

Volunteer trips can be physically and emotionally demanding. Please 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
- Long days and intense schedules
- High levels of air pollution
- Travel in cramped vehicles
- 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 bedrest 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. Feel free to contact the Coptic Orphans Serve to Learn Program Officer if you have questions.

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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Signature of Applicant

Date

Name of applicant (please print)



Serve to Learn 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. Origin

- Egyptian
- non-Egyptian

4. Church affiliation/denomination _____

5. Education Level

- High School
- Undergraduate
- College Degree
- Associate Degree
- Masters Degree
- Doctoral Degree