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## HOPE worldwide Community Service Brigades/ *Central America* Application for Participation: Fall 2014

Thank you for your interest in joining a HOPE *worldwide* Community Service Brigade (CSB) TEAM. The CSB TEAM's are volunteer-funded and TEAM members are responsible for all expenses. The Fall 2014 CSB is scheduled for San Salvador, El Salvador. Although CSB's are primarily medical / dental missions, there are also many other opportunities to serve: Teaching or assisting in the Children's Program (education, crafts, music, sports), Translating (Spanish/English), and Fitting patients for reading glasses are just a few examples of how TEAM members contribute.

As a faith-based program, the CSB was born out of the Christian conviction that we can and must do a better job of reaching out to those in need in our churches and the community at large in Latin America. There will be times of prayer, fellowship meals together, and Bible-based worship on Sunday with members of a local Church of Christ (this Worship service is optional for non-members). The Community Service Brigade's are designed with the goal of addressing two primary needs that are seriously lacking for a majority of folks living in Central America today: health and education.

We encourage you to apply to join a HOPE *worldwide* CS Brigade TEAM by completing the application provided. If accepted, ALL applicants will need a valid passport.

**Space at each site is limited and will be filled on a first-come, first-served basis.**

### **\*Applicant Qualifications:**

**CSB - San Salvador (SAL), El Salvador / Friday October 17<sup>th</sup> – Monday October 20<sup>th</sup>**

**Individual Applicant\*: Must be at least 18 years old by time of service.**

**Couples/Family Applicants\*: Families or couples may participate together on a HOPE *worldwide* CSB TEAM, but a legal guardian must accompany all children under 18 years of age. *No infants or toddlers will be allowed to attend, and it is highly recommended not to bring a child under the age of 10.***

### **What do I need to do to apply to become a CS Brigade TEAM member?**

1. Keep this page for your records
2. Complete the application
3. E-mail or fax applications to Lori Kotkowski at [Lori\\_Kotkowski@hopeww.org](mailto:Lori_Kotkowski@hopeww.org), fax: (781) 584-8088
4. **Deadline to Apply: June 30<sup>th</sup>**

# HOPE *worldwide* CS Brigade Application



## Section A: PERSONAL INFORMATION

(Please print clearly)

Are you applying as (check): Individual  Family or Married Couple

Will you be traveling with friends and/or family on CSB?\* \_\_\_\_\_

\*If so, please list their names: \_\_\_\_\_

### PERSONAL INFORMATION (please print clearly)

<b>Individual or Head of Family</b>		
_____	_____	_____
First (given name)	Middle	Last (surname)
<b>Write your name exactly as it appears on passport</b>		
Address _____		Apt. _____ City _____
State/Province _____	Zip/Postal Code _____	Home Telephone # _____
Email _____	Country _____	
Date of Birth (mm/dd/yyyy) _____	Nationality _____	
Gender (check) Male <input type="checkbox"/> Female <input type="checkbox"/>		
Marital Status (check) Married <input type="checkbox"/> Single <input type="checkbox"/>		
Church Affiliation _____		
1 <sup>st</sup> Language _____ 2 <sup>nd</sup> Language _____		

<b>Family Participant #2</b>		
_____	_____	_____
First (given name)	Middle	Last (surname)
<b>Write your name exactly as it appears on passport</b>		
Address _____		Apt. _____ City _____
State/Province _____	Zip/Postal Code _____	Home Telephone # _____
Email _____	Country _____	
Date of Birth (mm/dd/yyyy) _____	Nationality _____	
Gender (check) Male <input type="checkbox"/> Female <input type="checkbox"/>		
Marital Status (check) Married <input type="checkbox"/> Single <input type="checkbox"/>		
Relationship to Head of Family _____		
Church Affiliation _____		
1 <sup>st</sup> Language _____ 2 <sup>nd</sup> Language _____		

**Family Participant #3**

\_\_\_\_\_

First (given name) \_\_\_\_\_ Middle \_\_\_\_\_ Last (surname) \_\_\_\_\_

**Write your name exactly as it appears on passport**

Address \_\_\_\_\_ Apt. \_\_\_\_\_ City \_\_\_\_\_

State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Home Telephone # \_\_\_\_\_

Email \_\_\_\_\_ Country \_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Nationality \_\_\_\_\_

Gender (check) Male \_\_\_\_\_ Female \_\_\_\_\_

Marital Status (check) Married \_\_\_\_\_ Single \_\_\_\_\_

Relationship to Head of Family \_\_\_\_\_

Church Affiliation \_\_\_\_\_

1<sup>st</sup> Language \_\_\_\_\_ 2<sup>nd</sup> Language \_\_\_\_\_

**Family Participant #4**

\_\_\_\_\_

First (given name) \_\_\_\_\_ Middle \_\_\_\_\_ Last (surname) \_\_\_\_\_

**Write your name exactly as it appears on passport**

Address \_\_\_\_\_ Apt. \_\_\_\_\_ City \_\_\_\_\_

State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Home Telephone # \_\_\_\_\_

Email \_\_\_\_\_ Country \_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Nationality \_\_\_\_\_

Gender (check) Male \_\_\_\_\_ Female \_\_\_\_\_

Marital Status (check) Married \_\_\_\_\_ Single \_\_\_\_\_

Relationship to Head of Family \_\_\_\_\_

Church Affiliation \_\_\_\_\_

1<sup>st</sup> Language \_\_\_\_\_ 2<sup>nd</sup> Language \_\_\_\_\_

**Family Participant #5**

\_\_\_\_\_

First (given name) \_\_\_\_\_ Middle \_\_\_\_\_ Last (surname) \_\_\_\_\_

**Write your name exactly as it appears on passport**

Address \_\_\_\_\_ Apt. \_\_\_\_\_ City \_\_\_\_\_

State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Home Telephone # \_\_\_\_\_

Email \_\_\_\_\_ Country \_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Nationality \_\_\_\_\_

Gender (check) Male \_\_\_\_\_ Female \_\_\_\_\_

Marital Status (check) Married \_\_\_\_\_ Single \_\_\_\_\_

Relationship to Head of Family \_\_\_\_\_

Church Affiliation \_\_\_\_\_

1<sup>st</sup> Language \_\_\_\_\_ 2<sup>nd</sup> Language \_\_\_\_\_

**HEALTH HISTORY: List Chronic Illnesses / Allergies / and current Medications for each Applicant**

<b>Applicant Name:</b>
Illnesses:
Allergies:
Medications:
<b>Applicant Name:</b>
Illnesses:
Allergies:
Medications:
<b>Applicant Name:</b>
Illnesses:
Allergies:
Medications:

**PREVIOUS DOMESTIC AND INTERNATIONAL SERVICE EXPERIENCE**

Past HVC, HOPE Youth Corps, AmeriCorps, or Health Corps Experience, or other related experience outside of HOPE *worldwide*

Name of Organization(s)/Site(s)/Year(s) and please list the ways you served as a member
_____
_____
_____
_____

**PROFESSION / TRADE / SKILLS**

Please list your primary areas of interest and/or expertise and how you could best serve during the Brigade


**SITE SELECTION & TRAVEL INFORMATION**

<p>Please indicate your <u>first &amp; second</u> site preference for HOPE <i>worldwide</i> CS Brigade TEAM</p> <p><b>2014 Fall Site and Dates:</b></p> <p>    ___ <b>San Salvador / Arrive: SAL Thursday October 16<sup>th</sup> [before 5pm] – Depart: Monday Oct. 20<sup>th</sup></b></p> <p><b>Travel note:</b> Further travel details for all CSB's will be provided after you have received notice from HOPE <i>worldwide</i> on the status of your application.</p> <p>All TEAM members chosen will be required to sign a HOPE <i>worldwide</i> Liability Waiver &amp; Release, and/or Parental Consent &amp; Release for all Minors chosen.</p> <p>Please do not book any flights until you have received explicit instructions from HOPE <i>worldwide</i>.</p> <p>Contact Lori Kotkowski: <a href="mailto:Lori_Kotkowski@hopeww.org">Lori_Kotkowski@hopeww.org</a> or (916) 501-6874 with any questions.</p>
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