



Sustainable, Mobile Communities

Push International  
14241 Woodinville-Duvall Road ( # 424 )  
Woodinville, WA 98072-8564

1-866-702-PUSH  
Fax: 425-820-0295  
www.pushinternational.org

### VOLUNTEER APPLICATION

Name (as it appears on passport) \_\_\_\_\_

Date of Application \_\_\_\_\_

Outreach Dates \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Passport Number \_\_\_\_\_ Passport expiration date: \_\_\_\_\_

Citizenship \_\_\_\_\_ Date of Birth \_\_\_\_\_

Marital Status \_\_\_\_\_ Occupation \_\_\_\_\_

T-Shirt size \_\_\_\_\_

### VOLUNTEER INTEREST

I am most interested in the following areas: (please mark your first choice as #1 and your next with #2....Please mark up to 5 choices) This will help us to shape the week to meet everyone's needs. *Note:* Not all of these activities are always available, due to staff availability, time of year, and other factors. We will do everything we can to create a meaningful and exciting week for you and your team!

\_\_\_ W/c distribution

\_\_\_ Hippotherapy

\_\_\_ Hydrotherapy

\_\_\_ W/c sports

\_\_\_ Mobility skills

\_\_\_ Q&A disability panel

\_\_\_ Mexican cultural experiences

\_\_\_ Communication

\_\_\_ Adult Rehab

\_\_\_ Children's rehab

\_\_\_ Intro to Prosthetics

\_\_\_ Home Visits

\_\_\_ Going to the beach

\_\_\_ Other, please

explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any previous experience in any of the areas listed above?

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I would love to get the following out of this trip / Why do you want to go on this outreach?

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How did you become familiar with Push International?

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What has been your involvement with Push in the past?

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Do you have any foreign language skills? If so, which language?

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What other skills do you have that might be utilized on this outreach?

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Have you ever been on an outreach, wheelchair distribution or mission trip before?  
If so, where did you go and what was your experience like?

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Do you know of any reason that you may have difficulty functioning in a foreign country?

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Have you ever been convicted of a felony? (This information is solely for Push staff.)

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**MEDICAL INFORMATION**

Is there any medical or physical reason why you would have to restrict yourself from strenuous activity? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain:

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Do you have any medical conditions/medications that the Push staff should be aware of in case of medical emergency? \_\_\_\_\_

Please list any allergies you have to food, medicine or the environment:

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Please list any special accommodations you might need:

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**INSURANCE**

We will purchase emergency medical insurance as part of your grounds fees.

The following information is needed to purchase this insurance for you:

Name of Beneficiary (This person may not be attending the trip.)

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**EMERGENCY CONTACT**

Full Name \_\_\_\_\_

Relationship to Volunteer \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

**REFERENCE**

Please give the name of one person who you know for a *professional* reference. This person may not be related to you or live with you.

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_ E-mail \_\_\_\_\_  
Preferred method of contact \_\_\_\_\_  
Preferred time of day to be contacted \_\_\_\_\_

**REFERENCE**

Please give the name of one person who you know for a *personal* reference. (Please do not list immediate family members or spouses, friends work well here).

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_ E-mail \_\_\_\_\_  
Preferred method of contact \_\_\_\_\_  
Preferred time of day to be contacted \_\_\_\_\_

*\*Application references are contacted in order to ensure that each team member is attending the trip for the right reasons. We also want to make certain that you will be an asset to the team through collaboration, hard work and respect for others. Application review may take up to 2 weeks. Thank you for your patience.*

**BIOGRAPHY** — Please write a short 1-2 paragraph biography and **email it** to your team leader. This biography will be printed in the team manual in order to introduce everyone before the trip.

Please mail your completed application and \$250 *non-refundable* deposit to:  
Push International  
14241 N.E. Woodinville-Duvall Road #424  
Woodinville, WA 98072-8564  
(Deposits will be applied toward your package fees)  
**GRACIAS!**