FORM FOR VOLUNTEER SERVICE

Chispa Project is a non-profit organization that works with rural schools and educational organizations in Honduras to provide books for students and motivate reading in the form of mobile libraries and school libraries. We always need volunteers to work with us! If you are interested, please complete this form, and return to info@chispaproject.org.

General Information

Date: __________________________
First name: ______________________
Last name: _______________________
Birth date: ___________ Blood Type: _________
Education: ___________ Occupation: _________
Institution where you currently study / work: ____________________________
Languages spoken: __________________________
Current address: __________________________
Telephone: ______ Email: ______________________
Specific Abilities that may be of use in your volunteer time: ____________________________

Health Concerns or Disabilities:

Allergies: ____________________________ Dietary restrictions: ____________________________

Emergency contacts

First and last name: ____________________________
Relationship: ____________________________
City: ____________________________ Telephone: ____________________________
Email: ____________________________

First and last name: ____________________________
Relationship: ____________________________
City: ____________________________ Telephone: ____________________________
Email: ____________________________

Los Libros Cambian la Historia
proyectochispa.org  504.9952.4557  info@chispaproject.org
References (non-family professionals)

First and last name: 
Address: 
E-mail: 
Phone: 
Relationship: 

First and last name: 
Address: 
E-mail: 
Phone: 
Relationship: 

Code of Conduct

I, ____________________________, will agree to abide by the code of conduct as follows:

1. I will not conduct improper or indecent activities during my volunteering with Chispa Project.

2. I will maintain sobriety during my volunteering, as part of respect for the community that is being supported in my volunteer work.

3. I will not copy or replicate Chispa Project’s documents or materials, and maintain confidentiality of program details of community members that participate in projects.

4. I will talk to the trip coordinator about any problems or questions I have regarding the Code of Conduct.

5. I will not donate or give things or money to individuals. It is very important not to add to the disempowerment of local communities by developing a culture of dependency or begging.

6. I will always ask permission before taking a photo of anyone.

I understand that all information will be used for the exclusive and confidential use of the organization. I have read and understood this form, and declare the information provided is true and correct. Chispa Project reserves the right to say at any time if I may be a volunteer or not.

______________________________
Signature of Applicant

Passport

Please attach a copy of your passport. Remember Honduran law requires your passport be valid at least 6 months after your planned departure date.