

GENERAL INFORMATION

Please list your name exactly as it appears on your passport.

First Name	Middle Name	· <u> </u>	Last Name	
Street Addres	SS		Ste. / Apt. No.	
	City	State	Zip Code	
()Home Pr	()	Cell Phone		
Preferred number to reach you:	□ Home □ Cell			
Fax	Email Address (our primary	means of comm	unicating with you)	
Sex: 🗆 M 🗖 F	Date of Birth: / / Month Day Yea	r		
Passport Number:	City c	of Issue:		
Issue Date:	Expiration Date:			
anguage(s) speken fluently:				
vacation, volunteering, residence	e).			
		0	UTREACH INTERE	
Areas of Interest: Southe	east Asia Central America _	India		
How did you hear about the Inter	national Outreach Program?			
□ Heart Touch Website □ Pos	ster/Flyer D Advertisement D Friend	Other:		
What interests you about volunte	eering with the International Outreach P	rogram?		

What skills, talents and interests do you have that could apply when participating in the Program?

If you have volunteered with any other organizations, please list their names and the services you performed.

If you have experienced any challenges while volunteering, please explain.

PROFESSIONAL AND EDUCATIONAL INFORMATION

Employer	Occupation		
What are your long-range career objectives?			
Educational History: (1)	Degree	Year	
(2)	Degree	Year	
(3)	Degree	Year	
If you are a massage therapist and have a city issue	d license, please list the city:		
Please list the city license number:		<u>.</u>	
If certified by the State of California, indicate status:	Certified Massage Therapist	Massage Technician	
Please list State of California Certification Number:			
List other bodywork certifications you have obtained			
Are you currently certified in CPR?] No		

Heart Touch Project International Outreach Program Application Revised March 2013 Page 2 of 4

	VOLUNTEER HEALTH SCREENING
Have you ever been tested for TB?	□ No Results:
Do you have access to your immunization record	s? 🗆 Yes 🗖 No
Briefly describe the condition of your current heal	th condition.
If you have any special medical needs or allergies	s, please explain
	plain. We will make every effort to accommodate your needs.
Reference #1	REFERENCES
Name:	Relationship:
Phone number: () Reference #2	
Name:	Relationship:
Phone number: () Reference #3	
Name:	Relationship:
Phone number: <u>()</u>	
Contact #1	EMERGENCY CONTACTS
Name:	Relationship:
Phone number: ()	
Contact #2	
Name:	Relationship:
Phone number: ()	

COMMITMENT TO PARTICIPATE

I am committed to participating in the International Outreach Program and I have cleared my schedule so that I can participate. I have written the travel dates for this trip into my calendar.

I understand that by completing this application, I am a candidate for the Heart Touch International Outreach Program but that this does not guarantee that I will be selected for a trip.

If I need to withdraw from participation after having been selected, I understand that my \$100.00 registration fee will not be refunded.

Signature: _____ Date: _____

FORM OF PAYMENT

The application fee for the Heart Touch International Outreach Program is \$100.00. Payment is due at the time you submit your application. An application is not complete unless payment is received.

Please indicate method of payment.

Check # payable to The Heart Touch Project						
Credit Card 🛛 Master	Card 🛛 Visa	American Express	Discover			
Name on Card:						
Card Number:		E	xp. Date:	CVS Code:		
Enter ZIP Code billing address for card (if different from ZIP Code listed above):						

SUBMITTING YOUR APPLICATION

You may submit your application in one of three ways.

Email Submission

Please email your completed application to <u>Training@HeartTouch.org</u>. By submitting your application via email, you are agreeing to the commitment terms above. If paying by check, in addition to emailing the application, please mail your check for \$100 to the address below.

Fax Submission

Fax your application to 310-391-2168. If paying by check, please mail your check to the address below.

Mail Submission

Mail your application to the address below and include your check or complete the credit card information above.

The Heart Touch Project Attn: International Outreach Program 3400 Airport Avenue, Suite 42 Santa Monica, CA 90405

If you would like more information or have questions about the International Outreach Program, please call The Heart Touch office at 310-391-2558 or send an email to <u>training@hearttouch.org</u>.