



OUTREACH EMERGENCY SERVICES PROGRAM

VOLUNTEER APPLICATION

Name: _____ Date: _____
Last (Surname) First

Address: _____ City/Area: _____

State/Providence: _____ Country: _____ Zip: _____

Birth date: _____ E-Mail: _____

Phone: _____ AM; _____ PM

Why do you want to be a volunteer for O.E.S.P.? _____

Please check the area(s) you have experience in:

Fire/Rescue ___ EMS ___ Communications ___ Electronics ___ Mechanic ___ Other ___

Please explain _____

Tell us about your experience:

Certifications:

Current Agency you work for, your capacity, and how long have you worked for them.

Are you actively teaching now? ___ How often do you teach? _____

When was the last time you taught? _____

What subjects do you consider yourself to be extremely proficient in? _____

Have you ever worked for the federal government? _____ If yes, in what capacity?

Have you ever been to any 2nd or 3rd world countries? ___ If yes, which ones and why?

What is your primary language? _____ Do you speak a foreign language fluently? _____

If yes, which one(s)? _____

Have you ever worked with a translator? _____

Describe your physical condition?

Couch Potato ___ Some Activity ___ Workout Regularly ___ Iron Man Competitor ___

OESP travels to areas that may not have all the conveniences of home, potential health hazards, extreme weather, and limited hygiene facilities. What physical limitations and/health concerns do you have regarding these conditions?

**Do you feel there any physical limitations that may prevent you from performing your
volunteer work with this organization? ____ If yes, please explain. _____**

Authorization

*I _____ authorize OESP to contact references contained within this
application to validate information I have supplied.*

Signature

Date

*Thank you for completing this application. OESP will contact you via email or phone in a timely fashion. If
you have any additional questions, contact us at <http://www.oesp.net>.*

O.E.S.P. registers our volunteers with the foreign embassy of the countries they are visiting.

Passport information (Optional)

Name as it appears on your passport _____

Date of issue ___/___/___ Date of expiration ___/___/___ Passport number _____

Emergency contact information: Person to contact _____

Relationship _____ Phone number _____ Email _____