



CDCA APPLICATION

Please attach a photo of yourself:

Today's Date

First Name

Middle Name

Last Name

Address

City

State

Zip Code

Phone Number

E-mail Address

Gender

Age

Birthdate

Country of Citizenship

Passport Number

Social Security Number

Emergency Contact: Name

Relationship

Phone Number

E-mail Address

Spanish Ability: Beginner Intermediate Advanced



CDCA APPLICATION

Please explain any Spanish experience you've had: _____

Do you have any illness or condition that may affect your full participation in the program? If yes, please explain:

Have you ever had any emotional or mental illness? If yes, please explain: _____

Do you have any allergic or dietary needs or restrictions? If yes, please explain: _____

Are you currently taking any medication that you will need to continue while travelling abroad? If yes, please explain:

Have you ever been convicted of a crime? If yes, please explain: _____



CDCA APPLICATION

On a separate piece of paper, please answer the following questions:

1. Briefly describe yourself and background.
2. Describe your qualifications for working with an international development organization.
3. What are your expectations and what do you hope to gain from this experience?
4. What do you have to offer the community you will be working with?
5. What is your motivation for volunteering with the youth of an underdeveloped community?
6. Do you have any experience teaching or working with children? Please describe.

The answers I have given are correct to the best of my knowledge.

Signature

Date

CHECKLIST:

- Completed Application (3 Pages)
- Resume
- 2 References
- Health History Form
- \$50 Application Fee

ALL APPLICATIONS ARE DUE SEPTEMBER 1ST.

Please send completed application packet to:

CDCA

Attn: Ashley Sheffel
8110 Haddington Ct.
Fairfax Station, VA 22039



CDCA REFERENCE FORM

To be completed by a professor, employer, or other non-family member of similar qualifications.

Name of the Applicant: _____

Your Name: _____

Occupation: _____

Relation to Applicant: _____

Address: _____

Phone Number: _____

E-mail Address: _____

Signature: _____ Date: _____

On a separate piece of paper, please answer the following questions:

1. How long have you known the applicant and in what capacity?
2. Would you recommend this person to be a volunteer in an international organization? Please explain why.
3. What does this person possess that demonstrates the ability to make a positive impact in a developing community?

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CDCA HEALTH HISTORY

To be completed by the applicant.

Are you in good mental and physical health? _____

Mild physical and psychological disorders can become serious under the stresses of culture shock and a new environment. It is important that we are aware of any medical or emotional problems, past or current, which might affect you in an international setting. Have you ever been treated for such problems? If yes, please explain: _____

Have you had any injuries or contracted any diseases within the past 5 years? Please explain: _____

When and why did you last consult a physician: _____



CDCA HEALTH HISTORY

If you are on a restricted diet please give details: _____

What allergies, including medication allergies, do you have?: _____

Are you taking any medication? If yes, what type of medication, and will you need this type of medication while abroad:

Are there any provisions, or considerations that will need to be made for you to participate in the program: _____



CDCA HEALTH HISTORY

We require participants to receive the following vaccinations:

- Hepatitis A
- Hepatitis B
- Typhoid
- Yellow Fever
- Meningitis

Will you be able to meet this requirement?: _____

The answers I have given are correct to the best of my knowledge.

Signature

Date

Name Printed



CDCA HEALTH HISTORY

To be completed by the Physician.

Name of the Applicant: _____

The applicant seeks admission to an international exchange program. Mild disorders can become serious under stresses of culture shock and a new environment, and it is important that we are aware of any medical or emotional problems that might affect the applicant in their overseas placement.

How long have you known the applicant?: _____

When did you last examine the applicant? _____

To the best of your knowledge, is the applicant in good physical and mental health? _____

Is there any reason that the applicant would not be medically fit to complete a 13 month program in another country?

Is the applicant able to live and work in potentially challenging conditions? (poor sanitation, no electricity, ect.)

Is the applicant on any medication or treatment that would be adversely affected by travel vaccinations or anti-malarials?

Is the applicant on any prescription that should be taken while living abroad? If so, please list prescriptions.



CDCA HEALTH HISTORY

If the required prescription is not available in the country of destination, will you provide a prescription so s/he can bring the necessary refills?

What diet, rest, or other precautions should be taken to ensure the applicant maintains good health while abroad?

Has the applicant received the following vaccinations?

Hepatitis A: Yes No

Hepatitis B: Yes No

Typhoid: Yes No

Yellow fever: Yes No

Meningitis: Yes No

Physician's Signature: _____

Date: _____

Address: _____

Telephone: _____

Email: _____

Please Send To:

CDCA

Attn: Ashley Sheffel

8110 Haddington Ct.

Fairfax Station, VA 22039

Tel: 757-870-4496