

# Serve to Learn Education & Empowerment 2018

Please place a checkmark next to the trip date you wish to participate in.	
June 16 - July 7	July 21 - August 11

This application form is to be completed and submitted by no later than **April 1st, 2018** at **info@copticorphans.org** or **mfouad@copticorphans.org** 

Along with the general application, applicants must also submit the following by **April 1**:

- 1. One recommendation letter from any clergy member, professor, or employer
- 2. Copy of current passport
- 3. Non-refundable application processing fee of \$35

We will process your application once the application fee is received. You will be notified of your acceptance into the program 1-2 weeks following the application submission deadline.

Once you are notified of your acceptance, applicants must submit **program fees of \$500** through the same online payment method. These fees cover your food, accommodations, trips, and transportation for the entire two weeks of the program. **Airfare is not included in the program fees and is the responsibility of each applicant.** 

### To pay online:

- 1. go to www.CopticOrphans.org.
- 2. Select make a donation
- 3. Select your country of residence
- 4. Select the amount for your Serve to Learn application fee and/or program fee

#### Important Flight Info:

For volunteers signed up for the **June-July session** should plan on arriving in Cairo, Egypt prior to the Incountry Orientation on **June 16**, and organize their departure flights after Debriefing concludes on **July 7** at 5pm.

For volunteers signed up for the **July-August session** should plan on arriving in Cairo, Egypt prior to the Incountry Orientation on **July 21**, and organize their departure flights after Debriefing concludes on **August 11** at 5pm.

#### **Personal Information**

Please print and/or type your responses clearly and legibly Name (official name as it appears on passport) Middle Last Gender: ☐ Male ☐ Female Date of birth (mm/dd/yyyy): Preferred mailing address ☐ Home ☐ Work ☐ School City \_\_\_\_\_\_State/Prov. \_\_\_\_\_Zip/Postal Code \_\_\_\_\_Country Home phone \_\_\_\_\_ Ok to call ☐ Ok to call Work phone ☐ Ok to call Mobile phone Email address \_\_\_\_\_ Please rank your Arabic language proficiency with o = no ability and 5 = fluent Speaking \_\_\_\_ Reading \_\_\_\_ Writing What is your ethnic heritage? Church Affiliation/Name \_\_\_\_\_ **Education Level**  

 ☐ High School
 ☐ Undergraduate

 ☐ College Degree
 ☐ Associate Degree

 ☐ Master's Degree
 ☐ Doctoral Degree

 Other What is your major field of study? \_\_\_\_\_ School/University (most recent) Occupation Employer How and when did you first hear about Serve to Learn? ☐ Contact with Coptic Orphans staff ☐ Coptic Orphans website Internet (other than Coptic Orphans website, please specify): \_\_\_\_\_ Outreach meeting or church presentation Contact with current or returned Serve to Learn volunteers ☐ Other (please specify): Who or what influenced you the most in your decision to apply to Serve to Learn? Are you a returning Serve to Learn volunteer? \( \subseteq \text{Yes} \) \( \subseteq \text{No} \)

## **Contact Information while in Egypt:** Contact name and relationship to applicant \_\_\_\_\_\_ Address Mobile phone \_\_\_\_\_ Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ **Citizenship Information** Country of Citizenship \_\_\_\_\_ Type of Documentation (passport, birth certificate, student visa, green card) $\square$ Yes, I attached a copy of the photo page of my passport or other proof of citizenship. Passport Number \_\_\_\_\_ Place of issuance \_\_\_\_\_ Birthplace \_\_\_\_ Date of issuance (mm/dd/yyyy): \_\_\_\_\_ Expiration (mm/dd/yyyy): \_\_\_\_ Volunteers are responsible for obtaining their own visas to Egypt and should do so immediately upon acceptance to the program. **General Information** We want to get to know you better. Please answer each question to the best of your ability. Have you previously been to Egypt? ☐ No ☐ Yes If 'yes', please provide dates and purpose of previous trips: How did you become interested in Egypt and the Coptic Orphans mission? What specifically attracted you to the Serve to Learn program? Do you have any experience teaching or serving a large group of children (including church service):

Have you participated in other service trips? If so, please include where you served, the organization you served with, and the kind of work you participated in.	
Describe your personal interests, hobbies, and talents. How can they contribute to the Serve to Learn program?	
One of the main goals of the Education & Empowerment trip is to promote education and empower kids to stay in school. How can you use the three weeks of the program to pursue this goal?	
What do you hope to gain from this experience?	
Choose your biggest character strength and share a past experience where you used this strength to overcome a difficult situation or problem.	
Please describe a past experience or influence that had a deep impact on you or profoundly changed your outlook on service.	

In order to help us clarify the program, please summarize what you already know about volunteering with Serve (i.e. purpose, responsibilities, tasks, site conditions, etc) Include questions or concerns that we can address.	to Learn
Medical Information	
Volunteer trips can be physically and emotionally demanding. Despite this, many of our past volunteers felt th capable to serve in these conditions and that it was an overall transformative experience. Still, we ask that you thoroughly assess your physical and mental health carefully in light of the potential rigors of the trip. Examples:	
<ul> <li>Climatic changeshigh temperatures (90 - 125 F) and/or high humidity; change in altitude</li> <li>Exposure to unf bacteria due to change in diet</li> <li>Full schedules</li> <li>High levels of air pollution</li> <li>Travel in cramped vehicles</li> <li>Stair pollution</li> <li>Travel in cramped vehicles</li> <li>Stair pollution</li> <li>Travel in cramped vehicles</li> <li>Stair pollution</li> <li>Travel in altitude</li> <li>Exposure to unfairly pollution</li> <li>Travel in altitude</li> <li>Travel in altitude<td>rs and</td></li></ul>	rs and
These factors, combined with potential strains from culture shock and intensive interaction with other group members, can affect your health. Illnesses requiring bed rest impair one's ability to participate in scheduled programming, and can affect the entire group's learning process. We ask that you consult with a health care pand spiritual figure. The medical information you provide here will not be used to determine your acceptance program. We require that you provide us with the following information so that our staff can make any possibaccommodations to meet your health needs and respond to any emergencies. Any information you provide wikept confidential.	into the ole
1. Do you have a history of any of the following medical conditions? ☐ epilepsy ☐ □	
☐ allergies (including allergies to any medicines)☐ heart condition	
☐ arthritis (or other condition that limits mobility)	
asthma	
diabetes	
back problems or other musculoskeletal injuries	
∐ emphysema	
□ high blood pressure □ alcoholism	
□ eating disorders	
substance abuse or chemical dependencies	
mental or social disorders	
$\square$ other medical conditions (please list)	

How might any of these conditions affect your travels and time during the program?
We ask that you consult your health care provider or physician concerning immunization shots.
Consent to the use of Coptic Orphans of Photographs/Videos
Coptic Orphans will always use any image of volunteers and program participants in an appropriate and respectful manner. By applying, you agree to the terms below unless you opt out. Coptic Orphans reserves the right to create via photography or other visual documentation means, and the right to reproduce, display, and disseminate worldwide and in perpetuity, in any traditional or electronic media format, photographs or other images of the likeness of volunteers taken in association with their participation in programs carried out under Coptic Orphans without owing any form of compensation for the use of such images.
Opt out: I hereby refuse to grant Coptic Orphans permission to use images of me in non-profit educational, research, or other non-commercial purposes.
By agreeing to participate in STL, I further agree to document and share my experiences as a Serve to Learn volunteer, and I agree to provide Coptic Orphans with pieces of writing, photography, or video for dissemination through the organization's channels or through other interested media outlets. I further agree to work with Coptic Orphans to ensurthat any such content related to STL is culturally and otherwise appropriate, respectful, and suitable for dissemination.
Please initial here:
Payment
Application fee method of payment:  Online payment
Signature of Applicant Date
Name of applicant (please print)
Please email this form along with your recommendation letter, and copy of your passport to <a href="mailto:info@copticorphans.org">info@copticorphans.org</a> or <a href="mailto:mfo@copticorphans.org">mfouad@copticorphans.org</a>
You can also mail it to: Coptic Orphans PO Box 2881 Merrifield, VA 22116 U.S.A