



Student Volunteer Application

Thank you for your interest in volunteering with the Children Well-Being Foundation. Working at one of our clinics in Costa Rica, volunteers are given the opportunity to apply clinical skills and improve the lives of children and their families.

The Children's Well-Being Foundation is making a significant difference in Costa Rica – we are providing health care to thousands of children who otherwise would have fallen through the cracks of their healthcare system. We provide primary care services, eye exams, and psychological services. We work with local and international partners to ensure the sustainability of the clinics and training opportunities for future doctors who are encouraged to pursue medical volunteerism. Undergraduate students can also participate in non-medical intern programs.

Participant Donation Requirements:

- 1 week program is \$975
- 2 week program is \$1750
- 6 week program is \$3500

Program cost includes transportation to and from the airport; room and board; all clinical program activities and expenses (we will work with you and try to customize the program based on your area of interest).

All volunteers are responsible for their own airfare, excursions, entertainment costs, and insurance.

Once your application is accepted, we will ask for a \$250 deposit to reserve your spot. This amount is non-refundable. The entire balance is due 30 calendar days prior to departure, along with proof of insurance showing that you have medical coverage in Costa Rica. Please mail proof of medical coverage to Children's Well-Being Foundation.

All fees for the trip can be paid by check and mailed to: **Children's Well-Being Foundation, 100 Highland Street, Ste. G1, Milton, Ma. 02186**

Eligibility

To volunteer or intern at CWB, you must be 18 years or older.

Section I:**Applicant Information**

Date _____

Name: _____ Preferred name: _____

Address: _____ City: _____ State: _____ Zip _____

Phone (____) _____ Cell Phone (____) _____ Will you have this cell in Costa Rica Yes NoThe best time to contact me is: _____ A.M. P.M. on my Home phone Cell phone

Date of Birth: _____ Social Security Number: _____

Undergraduate school: _____ City/State _____

GPA: _____

Are you currently enrolled? If yes, please specify your year. If no, date of graduation: _____

Graduate school/program: _____ Date of graduation (expected): _____

If you are employed, please name your employer: _____ FT PT

Whom may we thank for referring you? _____

Email Address _____ Would you like to receive CWB updates via email? Yes No

Emergency Contact Name: _____ Phone: _____

Secondary Emergency Contact Name: _____ Phone: _____

Name of Health Insurance: _____

Policy Number: _____

Passport Number: _____ Country of Origin: _____

Section II:**Volunteer Information**

How long are you interested in spending in Costa Rica? _____

What dates are you interested in volunteering? _____

Are these dates flexible? Yes No

Have you previously volunteered abroad in another program? If so, which country? And with organization?

_____Which volunteer projects or areas of public health are you interested in? *Please circle all that apply*

Clinical work

Improving home environments

Health workshops

Nutrition

Creating job skills

English as a 2nd language

Rural health campaigns

Research project

Surveys

Children's programming

Administrative work

Neighborhood cleanups

Tutoring

Medical advocacy

Blogging/Publicity

Public health administration

Exercise/sports programs

Development of health materials

Section III:**Skills & Qualifications***If you need more space, you may use additional paper to complete these questions.*

Why are you interested in working with CWB Foundation?

What specific skills and experience can you bring to the internship?

What are your goals for your CWB experience?

Do you speak Spanish YES NO If NO, do you want to learn while you are volunteering? _____

Other relevant skills and qualifications? _____

If you have any questions, please contact Kim Cunningham at kim@cwbfoundation.org or call (877) 292-0030.