



CRAM WORLDWIDE, INC.

Volunteer Application Form

Please complete this form by typing or clearly printing (in dark ink) the following information.

1. Personal Information

Name _____ Home Phone # _____
Address _____ Work Phone # _____
_____ Cell Phone # _____
_____ Birth date _____
_____ Birthplace _____

Current Email Address: _____

Marital status _____ Spouse's name _____

Employment _____

Are you physically fit and free of medical conditions or disabilities that could limit your activities and/or prevent you (and others) from safely performing the volunteer services for which you are applying?

Are you currently taking any medications on a regular basis? If yes, please list

2. Emergency Contact Information *(NOT a member of same group volunteering with CRAM Worldwide)*

Name _____ Relationship _____
Address _____ Home Phone # _____
_____ Work Phone # _____

3. Education - highest level (include school name, location, dates attended and area of study)

High School _____

Undergraduate _____

Graduate _____

4. Church Affiliation

Member of _____ Pastor's name _____

Church Address & Phone # _____

Areas of service _____

5. **Financial Commitment**

Will you be able to raise the necessary funds to cover your travel and living expenses while serving with CRAM Worldwide? _____

6. **Area of Service**

Area of service desired _____

Term of service _____

Special skills _____

Have you volunteered before? _____

Have you had any cross-cultural experience abroad? _____

7. **Please submit the following with signed and completed volunteer application form:**

- Letter of introduction including a testimony of your faith and walk with Jesus Christ and the reason you want to serve with CRAM Worldwide
- Three letters of recommendation (**CHURCH / WORK RELATED / PERSONAL – SIGNATURES ARE REQUIRED**)
- A copy a valid passport (**HIGH RESOLUTION COPY ... BLACK AND WHITE PREFERRED**)
- A current resume
- Full and Final Release and Statement of Assumption of Risk Form must be completed and on file in CRAM office prior to departure for China (no exception). (**SIGNATURE AND NOTARIZATION REQUIRED**)

8. **Please send the above requested information to the following address:**

CRAM Worldwide, Inc.

P.O. Box 563

Bedford, IN 47421

If you have any questions you may contact the office by phone at 800-455-6476 or by email at cramwinc@cramwinc.org

9. **Signature:** _____

Printed Name: _____

Date signed _____