*PLEASE COMPLETE THE ENTIRE FORM. FIELDS WHICH ARE NOT APPLICABLE SHOULD BE MARKED N/A.*

TODAY’S DATE (MM/DD/YYYY):

PERSONAL BACKGROUND INFORMATION

FIRST NAME:

LAST NAME:

STREET ADDRESS:

GENDER (CHECK ONE):  MALE  FEMALE

DATE OF BIRTH (mm/dd/yyyy):

PHONE:

ALTERNATIVE PHONE CONTACT:

E-MAIL ADDRESS:

COUNTRY OF CITIZENSHIP (as indicated on passport):

**PRIMARY EMERGENCY CONTACT**

FIRST NAME:

LAST NAME:

RELATIONSHIP:

STREET ADDRESS:

DAYTIME PHONE NUMBER:

EVENING PHONE NUMBER:

E-MAIL ADDRESS:

**SECONDARY EMERGENCY CONTACT**

FIRST NAME:

LAST NAME:

RELATIONSHIP:

STREET ADDRESS:

DAYTIME PHONE NUMBER:

EVENING PHONE NUMBER:

E-MAIL ADDRESS:

**EDUCATION HISTORY/CREDENTIALS**

*NOTE: YOU MAY ATTACH A CV IN LIEU OF COMPLETING THE EDUCATION HISTORY SECTION OF THIS APPLICATION. CV MUST REFLECT YOUR HIGHEST LEVEL OF COMPLETED EDUCATION.*

DO YOU HAVE A HIGH SCHOOL DIPLOMA OR EQUIVALENT? YES NO

COLLEGE/UNIVERSITY DEGREE ACHIEVED DATES ATTENDED

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ARE YOU CURRENTLY ATTENDING A DEGREE PROGRAM AT A LICENSED INSTITUTION? YES NO

IF YES, LIST THE COURSES IN WHICH YOU ARE CURRENTLY ENROLLED OR ARE PLANNING TO TAKE PRIOR TO THE OUTREACH PROGRAM:

CURRENT GPA:

DO YOU CURRENTLY HAVE OR HAVE YOU EVER HAD ANY DISCIPLINARY ACTION TAKEN AGAINST YOU AT YOUR INSTITUTION? YES NO

*CHECK ALL THAT APPLY:*

PSYCHIATRIST PSYCHOLOGIST SOCIAL WORKER

MENTAL HEALTH COUNSELOR MFT/MFCC BUSINESS PROFESSIONAL

EMERGENCY SERVICES PSYCHOLOGY GRADUATE STUDENT OTHER

IF YOU CHECKED OTHER, PLEASE INDICATE:

PROFESSIONAL LICENSES AND CERTIFICATIONS

TITLE / CERTIFICATION # AWARDING INSTITUTION DATE RECEIVED

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IF APPLYING FOR A MENTAL HEALTH PROFESSIONAL MEMBERSHIP WITH MEANINGFULWORLD IN ADDITION TO THIS APPLICATION, YOUR APPLICATION CANNOT BE PROCESSED UNTIL THE FOLLOWING DOCUMENTS ARE RECEIVED:

● COPY OF ALL RELEVANT LICENSURES AND CERTIFICATIONS

● APPLICATION FEE OF $250 FOR PROFESSIONALS, $150 FOR GRADUATE, AND $100 FOR UNDERGRADUATE STUDENTS, IN THE FORM OF CHECK, PAY PAL, OR MONEY ORDER.

APPLICATION FEE PAYMENT SHOULD BE ADDRESSED AS FOLLOWS:

ATOP MEANINGFULWORLD

135 CEDAR STREET

CLIFFSIDE PARK, NJ 07010

THIS SUM CONTRIBUTES TO ORGANIZATIONAL EXPENSES ASSOCIATED WITH MISSION OUTREACH, INCLUDING BUT NOT LIMITED TO PRESS RELEASE OUTREACH THROUGH CONSTANT CONTACT, WEBSITE REVISIONS, FLYERS, CERTIFICATES, AND MEDIA ORGANIZATION AND PROCESSING.

**EMPLOYMENT HISTORY**

*PLEASE INDICATE EMPLOYMENT FOR THE LAST 5 YEARS. PLEASE INDICATE COMPLETE CONTACT INFORMATION FOR YOUR CURRENT EMPLOYER.*

*NOTE: A CV WHICH CONTAINS ALL REQUIRED INFORMATION IN THIS SECTION MAY BE ATTACHED IN LIEU OF COMPLETION.*

CURRENT EMPLOYER NAME:

EMPLOYER STREET ADDRESS:

SUPERVISOR’S FULL NAME:

SUPERVISOR’S PHONE:

SUPERVISOR’S E-MAIL ADDRESS:

***ADDITIONAL PRIOR EMPLOYMENT***

EMPLOYER’S NAME SUPERVISOR NAME SUPERVISOR’S E-MAIL

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**DISASTER RELIEF VOLUNTEER HISTORY AND EXPERIENCE**

*PLEASE INDICATE ANY DISASTER RELIEF VOLUNTEER HISTORY. INCLUDE DATES OF ACTIVITY, LOCATION, PURPOSE, AND GOALS ACHIEVED.*

*PLEASE INDICATE ALL COURSES AND FORMAL TRAINING YOU HAVE HAD IN RELATION TO DISASTER RESPONSE, DISASTER RELIEF, OR PSYCHOLOGICAL FIRST AID. INCLUDE TITLE AND DATES ATTENDED.*

ADDITIONAL INFORMATION

ADDITIONAL LANGUAGES SPOKEN:

AVAILABILITY FOR SERVICE: 24 HOURS 2-3 WEEKS OTHER (PLEASE INDICATE):

SPECIFIC LIMITATIONS CONCERNING AVAILABILITY:

**MEANINGFULWORLD OUTREACH TRAINING EXPERIENCE**

PHASES TRAINED IN: DATE COMPLETED

STAGE I:  Click here to enter text.

STAGE II:  Click here to enter text.

STAGE III:  Click here to enter text.

STAGE IV:

PHASE I - III:

INSTANCES WHERE YOU PRESENTED ON BEHALF OF MEANINGFULWORLD (TOPIC AND DATE):

INSTANCES WHERE YOU CONDUCTED A TEACHING (LOCATION AND DATE):

INDICATE ANY PAPERS OR RESEARCH PUBLISHED IN CONJUNCTION WITH MEANINGFULWORLD (TITLE, AUTHORS, DATE, AND MEDIUM OF PUBLICATION:

**REFERENCES**

REFERENCE ONE FULL NAME:

RELATIONSHIP/DURATION OF RELATIONSHIP:

PHONE:

E-MAIL:

REFERENCE TWO FULL NAME:

RELATIONSHIP/DURATION OF RELATIONSHIP:

PHONE:

E-MAIL:

SECTION TWO: TRAVEL DETAILS AND HEALTH INFORMATION

PASSPORT DETAILS

*PLEASE ATTACH A COLOR SCAN OF THE PHOTO PAGE OF YOUR PASSPORT. APPLICATIONS SUBMITTED WITHOUT A PASSPORT SCAN WILL NOT BE CONSIDERED.*

NAME AS IT APPEARS ON PASSPORT:

PASSPORT EXPIRY DATE (mm/dd/yyyy):

PASSPORT ISSUE DATE (mm/dd/yyyy):

PASSPORT NUMBER:

COUNTRY OF ISSUE & EXPIRATION:

WILL YOU REQUIRE A VISA FOR THIS OUTREACH MISSION? YES NO

*PLEASE NOTE THAT VOLUNTEERS ARE WHOLLY RESPONSIBLE FOR ACQUIRING ANY VISAS ASSOCIATED WITH TRAVEL, AND ESTABLISHING ANY PERMISSION REQUIRED VISITING THE DESTINATION COUNTRY. PLEASE REVIEW THE REQUIREMENTS ASSOCIATED WITH YOUR PASSPORT 60 DAYS PRIOR TO THE OUTREACH MISSION TO ENSURE THE TIMELY FULFILLMENT OF THESE RESPONSIBILITIES.*

**HEALTH INFORMATION**

*VOLUNTEERS ARE RESPONSIBLE FOR ACQUIRING ANY REQUIRED IMMUNIZATIONS FOR THE DESTINATION COUNTRY PRIOR TO DEPLOYMENT. ATOP MEANINGFULWORLD DOES NOT ASSUME RESPONSIBILITY FOR INFORMING VOLUNTEERS AS TO THESE REQUIREMENTS AND RESERVES THE RIGHT TO DENY VOLUNTEERS WHO HAVE NOT MET HEALTH STANDARDS.*

**ALLERGIES:**

ARE YOU CURRENTLY TAKING ANY PRESCRIPTION MEDICATION? YES NO

IF YES, PLEASE INDICATE ANY MEDICATIONS CURRENTLY USED:

DIETARY RESTRICTIONS:

MAJOR ILLNESSES IN THE LAST FIVE YEARS:

IF APPLICABLE, LIST ANY RELEVANT VITAL SIGNS AS RECENTLY REPORTED BY YOUR PHYSICIAN:

DO YOU HAVE ANY DISABILITIES?:

**SECTION THREE: PERSONAL STATEMENT**

*IN THE SPACE BELOW, PLEASE INCLUDE A PERSONAL STATEMENT OF NO MORE THAN 500 WORDS, WHICH INDICATES YOUR OBJECTIVES FOR YOUR TIME OVERSEAS, DESCRIBES THE EXPERIENCES WHICH HAVE PREPARED YOU TO ASSUME VOLUNTEER RESPONSIBILITIES, AND WAYS IN WHICH THE MEANINGFULWORLD MISSION AND PROGRAM RELATES TO YOUR FUTURE OBJECTIVES.*

**VOLUNTEER SIGNATURE**

I HEREBY AFFIRM THAT THE INFORMATION INDICATED IN THIS DOCUMENT IS TRUE AND COMPLETE. I HAVE READ THE DOCUMENT IN ITS ENTIRETY AND HAVE COMPLETED ALL RELEVANT FIELDS AND ATTACHED REQUIRED SUPPLEMENTARY DOCUMENTS. I AM IN AGREEMENT WITH THE CONTENT CONTAINED HEREIN AND ACKNOWLEDGE MY RESPONSIBILITY FOR MY OWN PERSON THROUGHOUT THE DURATION OF THE MISSION. IF THE INFORMATION I HAVE INCLUDED IS FALSE, I UNDERSTAND THAT MEANINGFULWORLD RESERVES THE RIGHT TO DENY MY APPLICATION TO VOLUNTEER.

SIGNATURE OF APPLICANT:

DATE (mm/dd/yyyy):

**PROGRAM GUIDELINES AND POLICIES**

**GENERAL POLICIES**

Program participants are bound by policies set forth by Meaningfulworld, the host institution, and legal codes in the host nation for target outreach. In the case of conflict among these three sets of policies, the most stringent policy shall apply.

**ADMISSION**

Acceptance to the Meaningfulworld outreach programs is conducted on a rolling basis by the organization’s President and Founder, Dr. Ani Kalayjian, as well as the Clinical Training Program Facilitators. Applicants are encouraged to apply as soon as possible to ensure a place in the desired outreach mission. Meaningfulworld reserves the right to reject applicants for any reason, included but not limited to the presentation of falsified information or incomplete documentation.

In cases where Meaningfulworld receives applications in excess of capacity, the organization will create a waitlist of applicants based on the date the complete application was received. Waitlisted applicants will have a 5 day window from the date of notification in which to accept a position if capacity becomes available.

**outreach ORIENTATION**

Meaningfulworld will distribute materials pertaining to relevant matters prior to mission departure. It is the sole responsibility of the volunteer to familiarize themselves with this information and the policies of the host nation.

Prior to the program start date, all volunteers are required to complete Stages 1 through 3 of Meaningfulworld’s Mental Health Training Program, and have done facilitation or co-facilitation.

**DRUG AND ALCOHOL POLICY**

Volunteers are subject to the laws of the host country. As a visitor to a foreign nation, the U.S government may only act on behalf of travelling citizens to protect against their discrimination when under arrest.

The use of illegal drugs or alcohol abuse by volunteers is prohibited and constitutes grounds for dismissal from the outreach mission. Consumption of drugs or alcohol that disrupts a volunteer’s ability to participate fully in the outreach program, or initiate unruly and offensive behavior, is considered abuse. Behaviors associated with abuse of illicit substances include loss of consciousness or vomiting, destruction of property, and endangerment of self or others. Further to action taken by Meaningfulworld against the volunteer for such behavior, abuse may also result in hospital admission or incarceration in the host nation.

**DISMISSAL FROM THE PROGRAM**

Meaningfulworld reserves the right to discharge from the mission any volunteer who does not comply with the requirements outlined in the in the Volunteer Code of Conduct. Volunteers are solely responsible for managing their behavior at the potential risk of discharge and consequent loss of time, money, and academic credit. In the event of discharge, the volunteer will be solely responsible for assuming costs associated with damages to life or property, as well as transportation back to the U.S.

**ACADEMIC POLICIES**  
In the case where a volunteer is a student wishing to obtain academic recognition for participation in the program, it is the sole responsibility of the student to obtain complete information concerning how volunteer work completed overseas is assessed by their institution. Meaningfulworld does not award credits towards a degree program for outreach participation, and places responsibility to establish any related association between the student and the student’s institution. All relevant paperwork concerning academic credit and recognition must be submitted for completion prior to mission deployment in order to be considered.

**PROGRAM CANCELLATION**

Meaningfulworld reserves the right to cancel an outreach mission due to issues concerning security in the host nation or other factors beyond its control. In the unlikely event that a mission is cancelled, Meaningfulworld will refund payments associated with application but will have no further liability to volunteers. Refunds will be sent in the form of check or money order to the street address listed by the volunteer in Section One of the Volunteer Application.

**ETHICAL GUIDELINES**

All officers and UN Representatives are expected to be guided by APA ethical guidelines (You can find the guidelines on APA.org). Phones, addresses, documents are only used for organizational purposes. No solicitation or promotion of personal agendas not in line with ATOP Meaningfulworld mission, vision or passion. All written documents must be edited and approved by the President.

**LEGAL OBLIGATIONS**

ATOP MW is a not-for-profit charitable 501 (c) 3 organization and totally voluntary in nature. Currently no one is paid in our organization including the President, Secretary, Treasurer, other officers and interns. Health or disability insurance is your own responsibility. You are advised to have your own health, and other travel insurances for your safety and security. Our Humanitarian Missions are also voluntary and no insurances are provided.

**Our Mottos are**

**When one helps another BOTH become stronger!**

**Shared sorrow is half sorrow, while shared joy is double joy!**

**FEES AND PAYMENT**

**Mission FEES**

Applications will not be processed until the receipt of an application fee. This totals $250.00 for professionals. $150 for graduate student, and $100 for undergraduate students, submitted in the form of check or money order to ATOP Meaningfulworld.

Further to the application fee, the volunteer is solely responsible for the costs of travel to and from the host nation, as well as fees associated with travel visas, immunizations, and authorizations.

Meaningfulworld and host institutions will attempt to assume the cost of lodging and some meals for volunteer participants (varies in each mission). Volunteers should be prepared to assume peripheral costs associated with the purchase of personal items on the ground, and additional food and transportation.

**STUDENT DISCOUNTS**

Meaningfulworld will consider requests for student discounts on case by case basis. Requests may be directed to the organization’s President at [DrKalayjian@Meaningfulworld.com](mailto:DrKalayjian@Meaningfulworld.com), with a detailed explanation for consideration.

**CONTACT Meaningfulworld**

All questions regarding volunteer requirements and status of application should be directed to Dr Kalayjian or to [info@Meaningfulworld.com](mailto:info@Meaningfulworld.com), with the full name of the volunteer and mission outreach dates in the subject line, followed by a brief description of the topic.

Further information on all organizational activities and policies is also available at:

[www.meaningfulworld.com](http://www.meaningfulworld.com)

*(Please complete the next page after reviewing all policy guidelines.)*

**VOLUNTEER CODE OF CONDUCT**

While participating in a Meaningfulworld outreach program, all volunteers are ambassadors of the organization at all times. Volunteers acknowledge the authority of Meaningfulworld as the organizing host to set forth rules of conduct necessary for the operation of the mission.

**PRE-REQUISITIES FOR TRAVEL**Successful completion of all FOUR Stages of the Meaningfulworld Mental Health Humanitarian Training program must be completed by the date of Mission departure. Volunteers are solely responsible for planning for the completion of these stages and the next phases as per the dictated schedule of training sessions set forth by Meaningfulworld. Volunteers may be denied participation in the event of failure to complete the training program.

**EMOTIONAL AND PHYSICAL STRESS**Meaningfulworld outreach programs frequently target vulnerable groups living in areas that will   
be unfamiliar to the volunteer. Volunteers must acknowledge that living in a foreign environment may create unexpected physical and emotional stress, which may exacerbate otherwise mild disorders. As the best judge of their own personal needs, volunteers are responsible for accessing potentially dramatic changes in climate, diet, and living conditions that may be seriously disruptive to accustomed patterns of behavior and plan to accommodate these changes. Volunteers are expected to inform Meaningfulworld about medical needs and treatments received and understand that failure to do so may result in discharge from the program if related issues arise during travel.

Volunteers have to contact their own health insurance provider to find out details of coverage in case of emergency. There will be no travel insurance nor health insurance provided from ATOP Meaningfulworld.

**FINANCIAL RESPONSIBILITY**Volunteers are solely responsible for bearing the cost of transportation, application fees, and additional food or personal costs associated with participation in the outreach mission. Volunteers will also be held responsible for any and all damage caused by their actions or charges incurred while on the outreach mission.

**LODGING**Meaningfulworld may share some of housing responsibility for the provision of lodging during the outreach mission, depending on the mission and the collaborators. Volunteers may not pursue alternative lodging for the sake of organization and effective resource management. If any special needs are associated with lodging, volunteers are responsible for notifying Meaningfulworld at the time of application. If alternative lodging must be provided, the volunteer will assume all associated cost.

**ORGANIZATIONAL ACTIVITIES**Volunteers are bound to participate with the outreach team as scheduled by Meaningfulworld, and may not deviate from this schedule to pursue personal activities. In the volunteer’s spare time, additional activities must be coordinated with and approved by the outreach team leader prior to execution. Volunteers understand that Meaningfulworld does not assume responsibility for any costs associated with additional activities during the outreach mission.

Furthermore, if for any reason the volunteer misses the return transportation for an excursion, it is acknowledged that Meaningfulworld is not responsible for any expenses associated with the acquisition of return transportation. As a volunteer, I agree to assume all responsibility and risks associated with my journey and fully and completely release Meaningfulworld from any and all liability for events that may happen during my return journey.

**TRAVEL RESTRICTIONS**   
Volunteers agree to abide by all travel restrictions as designated by Meaningfulworld on the outreach mission, in order to ensure the safety of all participants. Volunteers are also responsible for researching any region or country prior to visit in order to become familiar with associated risks. Teleconferences may begin several months prior to our Mission; these meetings are mandatory. Failure to comply with designated restrictions may result in discharge from the program.

**CONDUCT AGREEMENT**  
Volunteers are expected to treat fellow team members with respect and consideration, and coordinate all formal communications and movements with the mission team leader. As a volunteer, I will not:

● Use, possess, or be under the influence of alcohol at any time while volunteering.

● Use, possess, or be under the influence of illegal drugs at any time.

● Pose any health risk to fellow team members (i.e., fevers or other contagious situations).

● Demonstrate threatening or abusive behavior, whether this be verbal or physical in nature

I affirm that I have read the above statement in its entirety and acknowledge and accept the terms contained. I understand that continued eligibility for participation in the mission program is contingent upon my ability to maintain adequate observance of the terms set forth by Meaningfulworld for the full duration of the mission. I understand that any action inconsistent with this *Code of Conduct* or failure to take action mandated by this *Code of Conduct* may result in my discharge as a volunteer at any time following the acceptance of my application until the completion of the mission program.

Print Full Name:

Signature:

Today’s Date (mm/dd/yyyy):