



HEARTS BEYOND BORDERS GLOBAL VOLUNTEERS

2027 Romania Volunteer Application

Mission dates to be announced

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Please complete every applicable field. Information is used only for volunteer selection and trip planning.

APPLICATION INFORMATION

Application ID (office use)

Application date

Mission dates (office use)

PERSONAL INFORMATION

Full legal name

Preferred name

Date of birth

Pronouns (optional)

T-shirt size

Mobile phone

Email

Home address

City, state and ZIP code

Citizenship

PASSPORT INFORMATION

Name exactly as shown on passport

Passport number

Issuing country

Issue date

Expiration date

Place of issue

EMERGENCY CONTACT

Full name

Relationship

Phone

Email

Alternate phone

EDUCATION AND PROFESSIONAL BACKGROUND

School or employer

Program, major, profession or role

Expected graduation year

License or certification

Languages spoken

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Experience, motivation, health and travel planning

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VOLUNTEER EXPERIENCE AND SKILLS

Describe previous volunteer, service, clinical or community experience

What skills, strengths or talents could you contribute to the mission?

MOTIVATION AND EXPECTATIONS

Why do you want to join Hearts Beyond Borders in Romania?

What do you hope to learn, contribute or experience?

HEALTH AND ACCESSIBILITY

List allergies, medical conditions, medications, mobility/accessibility needs or other information relevant to safe travel.

Dietary needs or restrictions

Physician or health contact (optional)

INSURANCE AND TRAVEL

☐ I have health insurance that will remain active during the trip

☐ I will obtain required travel insurance

Insurance provider

Policy number

Preferred departure airport

Flight details (complete when available)

SCREENING

☐ I agree to complete a background check if required for my volunteer assignment

☐ I have or will obtain a passport valid for the required period beyond travel

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Acknowledgments, permissions and signatures

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VOLUNTEER ACKNOWLEDGMENTS

- ☐ I will follow the Hearts Beyond Borders code of conduct, team directions and host-site rules.
- ☐ I understand that participation may involve travel, walking, schedule changes and service activities.
- ☐ I certify that the information in this application is complete and accurate.
- ☐ In an emergency, I authorize the team to seek appropriate medical care when I cannot consent.
- ☐ I understand that final participation may require separate waivers and trip-specific agreements.

PHOTO AND MEDIA PERMISSION

Hearts Beyond Borders may photograph or record mission activities for education, reporting and outreach.

- ☐ Yes, I grant permission ☐ No, I do not grant permission

APPLICANT SIGNATURE

Applicant signature

Date

If the applicant is under 18, a parent or legal guardian must complete this section.

Parent or guardian name

Phone

Parent or guardian signature

Date

APPLICATION CHECKLIST

- ☐ Completed and signed application ☐ Travel insurance information, when available
- ☐ Copy of passport identification page ☐ Background check documents, if requested
- ☐ Resume or brief biography, if requested

OFFICE USE

Status

Reviewed by

Review date

Notes