



AWCA MEDICAL MISSIONS 2023 APP: YOUTH / YOUNG ADULT

About AWCA Medical Missions

Dear Prospective Member,

Thank you for your interest in AWCA Medical Missions 2023 summer outreach to Guatemala. AWCA Medical Missions (AMM) aims to inspire the missionary and volunteer spirit through overseas medical service and to spread the love of Christ in mission fields.

AMM commenced its inaugural team to Jutiapa, Guatemala in July, 2022, when many mission teams were still hesitant to do overseas medical missions due to the COVID-19 pandemic. A team of 11 members carried out love in action through medical clinics and children VBS ministries to 1,200+ patients and 500+ children across 6 villages.

This year, AMM is privileged to serve the families and children near the vicinity of Cobán, Guatemala:

Date July 1–8, 2023

Cost \$700 (including non-refundable deposit \$100) + Airfare per person

Areas of Service*

General tooth extractions, Minor surgeries, Wound care, Medications, Medical education, Medical supply distributions, Spiritual support

**Service list subject to change depending on team staffing and mission site needs*

Team Needs | Ways to Get Involved

Below are AMM team needs for the Summer 2023 trip to Guatemala, detailed below:

1. Medical Professionals (3 spots)*

Internist (MD/DO)

Ophthalmologist, Optometrist (OD)

Dentist (DMD/DDS, PGY, DS3-4)

2. Non-Medical Voluntary Staff (3 spots)

Youth (rising Juniors, Seniors)

Young Adults (College undergraduates, Graduates)

An enriching opportunity to make a difference, build leadership experience, shadow medical professionals while earning community service hours. Financial subsidies available.

3. Monetary/Medical Supply Donor**

Monetary donation, Antiparasitics, UTI medications, Pain medications (Acetaminophen),

Vitamins, Toothbrushes and Toothpastes, First Aid Kits, Eye glasses

**Medical Specialties selected based on mission site needs*

***Not an exhaustive list; supplies not limited to above items*



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Eligibility | Requirements | Timeline

Eligibility and requirements as Youth/Young Adult Voluntary Staff:

Current rising Junior or Senior in high school / Undergraduate / Graduate students

Required Materials:

- Complete Application Form
- Resume/Curriculum Vitae
- One (1) Letter of Recommendation
- Personal Statement

Zoom interview with AWCA Medical Missions Leadership:

AWCA will schedule a Zoom interview with the applicant once all required materials have been received and reviewed.

Application Due	March 3
App. Review & Interview	March 3—17
Commitment & Deposit Due	March 20

Please submit all required no later than **FRIDAY, MARCH 3, at 5PM**

- Email** AWCA Main Office info@awcanj.org
subject line: "AMM 2023 App Applicant Name"
- Mail** AWCA 9 Genesee Ave. Teaneck, NJ 07666
attn: "AMM 2023 App Applicant Name"

Contact Us

For more information on AMM 2023 or AWCA in general please contact Samuel:

Samuel Oh / Communications and Youth Director
Phone (201) 862-1665 | Monday – Friday | 9am – 5pm
Email sam@awcanj.org



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Please type or write legibly in blue or black ink. Only complete application packets will be considered. Please keep a copy of your application for your own records, as it will not be returned to you.

Applicant Information

Name: _____ Suffix/Degree: _____
 First Last

Gender: Male Female Birthdate: _____

Home Address: _____
 Street City State Zip

Phone: _____ Email: _____

Preferred Method of Contact: Phone Text Email

Parent/Guardian Information (High School Only)

Provide at least one contact information of your parent/guardian.

Parent/Guardian 1 Name: _____

Home Address: same as applicant's
 If different : _____

Phone: _____ Email: _____

Parent/Guardian 2 Name: _____

Home Address: same as applicant's
 If different : _____

Phone: _____ Email: _____

Emergency Contact Information

Provide at least one emergency contact.

Parent/Guardian 1 Parent/Guardian 2
 New Emergency Contact

Name	Relationship
Phone	Email



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Academic Information

Current School: _____

Major(s): _____ Minor(s): _____

Current GPA: _____ Expected Grad. Year: _____

Career Interest/Expected Profession: _____

Extracurricular Activities

Provide your top 3 extracurricular activities in terms of significance, your role/responsibility, period of involvement, and what you have learned from your involvement. Activities may include sports, music, art, leadership experience, interests/hobbies, work, volunteer experience, etc.

1. _____

Activity Title	Role	Involvement (MM/YY-MM/YY)
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Description: _____

2. _____

Activity Title	Role	Involvement (MM/YY-MM/YY)
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Description: _____

3. _____

Activity Title	Role	Involvement (MM/YY-MM/YY)
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Description: _____

I have the following skills (please check all that apply):

- Proficiency in Spanish
- Working with youth
- Instructing health education
- Working with senior citizens
- Working with children



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Personal Statement

A personal statement is required for your application to be complete. The statement must follow the noted format: min. 500 words, typed, 12-point Times New Roman, double-spaced, 1" margins.

Write your personal statement on the following topics:

- Your volunteer experiences as a high school/college student
- Your career interest and why
- Your goals/expectations as a non-medical staff of AMM 2023

As you write please consider how your experiences and goals align with AMM’s passion and vision.

Letters of Recommendation

Refer to next page ‘Recommendation Form’

One letter of recommendation from a professional source (e.g., current or former employer, teacher/instructor, sports coach, clergy, volunteer supervisor; letters from family, relatives, or personal acquaintances will not be accepted).

Signature of Certification

I hereby certify that the information provided in this application is true and accurate.

Name of Applicant (printed)

Signature of Applicant

Date

Name of Parent/Guardian (printed)

Signature of Parent/Guardian

Date



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Recommendation Form

One (1) recommendation letter is required. Please have your recommender complete the following form and mail/email it directly to the AWCA Main Office. Letter should come from your employer, professor, church pastor, volunteer supervisor, etc. and not from family, relative, or acquaintance.

Name of Applicant: _____

Name of Recommender: _____

Relationship to Applicant: _____

1. For how long and in what capacity have you known the applicant?

2. What 3 words would you use to describe the applicant? Please explain in detail.

3. What are the applicant's strengths and weaknesses? Please explain in detail.

4. How well does the applicant respond to feedback and/or criticism? Please explain in detail.

5. How does the applicant perform in group settings? Please explain in detail.
