2015 Student Application Form
Mission Training Workshop
Thank you for your consideration and desire to participate on an Operation Smile medical mission as part of the Student Education Team!
Please read the following information carefully before applying.

ROLE
The primary role of a Student Team member is to EDUCATE. Students will be prepared with several teaching modules including Burn Care and Prevention, Oral Rehydration Solution, Dental Hygiene, Nutrition, and Hand Washing. These modules are designed to inform local populations of basic health care that will improve quality of life.

REQUIREMENTS
The opportunity to travel on an international Operation Smile medical mission is afforded to high school sophomores, juniors, and seniors that are at least 16 years of age. It is expected that applicants are active members of an Operation Smile Student Club (OSSC), have been involved for at least one year, and can indicate participation and leadership. It is also expected that the applicant has previously attended an International Student Leadership Conference.

ASSOCIATED COST
Before applying, please be aware of the potential costs of traveling with an Operation Smile medical team. We encourage students to find local sponsors and donors to help defray the cost.
MTW Registration Fee: $275
Airfare to MTW: $200-700
Team Fee: $750
Immunizations: $100-400
Passport/Visa Fee: $65-200
Meals/Incidentals: $75-150
Mission Supplies: $50-150

HEALTH/SAFETY
Mission sites are typically in remote areas with limited resources. Those with health concerns, and/or specific dietary needs should be cautious in applying. A team doctor is available on every medical mission. However, we require all mission participants to care for their recurring medical treatments without supervision. All medications, injections or other treatments must be monitored and administered solely by the participant. Medication requiring refrigeration could be problematic.

Please understand we may not be able to control the contents of food products during travel or during the medical mission. Should your child have strict dietary needs, he/she is ultimately responsible for inspecting all food for ingredients related to a specific dietary requirement.

Under no circumstances are parents allowed to travel with their child on a medical mission. Operation Smile goes to great lengths to ensure the safety of all mission participants. However, as with any international travel, please be aware of inherent risks during travel. For the safety of the student participants, they are expected to strictly abide
by a code of conduct; failure to comply by the code is grounds for dismissal and a prompt return home at personal expense.

AMBASSADORS OF OPERATION SMILE
By taking the next step in your involvement with Operation Smile, you acknowledge that you represent Operation Smile as a student ambassador in your school, local community and abroad on a mission. Operation Smile Student Programs expects that participants represent themselves and the organization in a way that brings positive light to both.

MISSION PLACEMENT
Finally, due to a limited number of medical missions and available positions, not all applicants will be accepted to Mission Training Workshop. Additionally, mission sites, dates, and availability are subject to change without notice. Flexibility as to mission dates and assignments is expected.

Attendance at MTW does not guarantee that a student will be placed on a mission. Participants can expect to miss an extended period of school, activities, and/or work, including exams, sporting events, theater, etc. Therefore it is imperative you have school administrative support BEFORE you submit your application.

Accepted applicants may or may not receive mission assignments at the Mission Training Workshop.
Application Check List

☐ Part 1 – Applicant Information
☐ Part 2 – Acknowledgement of Terms and Conditions
☐ Part 3 – Club Involvement List
☐ Part 4 – Essay A
☐ Part 5 – Essay B
☐ Part 6 – Video Essay
☐ Part 7 - Two recommendations

Mail the completed MTW Application, attachments and letters of recommendation to:

Operation Smile
Attn: Student Programs/MTW Student Application
3641 Faculty Blvd, Virginia Beach, VA 23453

Applications must be postmarked by March 15, 2015.
Incomplete applications will not be considered.
Kindly use a paperclip for your application and please do not staple.

If you have any questions after going through the entire application, feel free to email us at student.programs@operationsmile.org.
Part 1 Applicant Information

Applicant Information (please print clearly or type)

Last Name: __________________________________________________________
First Name: __________________________________________________________
Date of Birth: _______________________________________________________
Your Home Phone: ___________________ Your Mobile Phone: _______________________
Address: _____________________________________________________________
City: ___________________________ State/Province: __________________ Zip: __________
Country: _______________ E-mail: __________________________________________
Year of Graduation: ___________ Languages Spoken: __________________________
Do you have a current passport?  Yes ____ No ____
Health Concerns (i.e. Asthma, allergies, etc.) _______________________________

Note: On a separate sheet, please provide additional information regarding any conditions you noted above or other conditions that we should be aware, including treatment descriptions. Please note, this information is VERY important; however it will not impact your acceptance to MTW.

Applicant’s School Information (please print or type)

School Name: __________________________________________________________
School Address: _______________________________________________________
Applicant’s Student Club Advisor Information (please print or type)
Last Name: ___________________________________________________________
First Name: __________________________________________________________
Office Phone: _________________________________________________________
E-mail: _______________________________________________________________

Student Club Leadership (please print or type)

Office(s) Held:________________________ School Year: _____ - ______
Office(s) Held:________________________ School Year: _____ - ______
Office(s) Held:________________________ School Year: _____ - ______
Office(s) Held:________________________ School Year: _____ - ______

Location of ISLC(s) Attended: ___________________________ Year: ________
Attended: ___________________________ Year: ________

If you have applied previously to Mission Training Workshop, indicate here ________.
Part 2 Acknowledge of Terms and Conditions

I, ______________________________, have read and understand the Terms of MTW Application. I recognize that submission of this application does not guarantee acceptance. I recognize and accept that to participate on a medical mission may require that I miss an extended period of school, including exams, athletics, theater, etc. If selected, I agree to prepare and present my mission experience to a minimum of five different audiences. My purpose for presenting is to gain invaluable experience in public speaking and to raise awareness as an ambassador for Operation Smile. I also agree to submit an essay and photo describing my experiences to Operation Smile for potential use in media publications. I understand that I may not receive a mission assignment at the Mission Training Workshop, but at a later date.

Signature of Student Applicant  Date

I, ______________________________, endorse my son/daughter’s participation in the mission application process, and his/her participation on an Operation Smile International Medical Mission if they are selected for and successfully complete a Mission Training Workshop. I have read and understand the Terms of MTW Application. I recognize that submission of this application does not guarantee my child’s acceptance to the Mission Training Workshop. I recognize and accept that to participate on a medical mission, my child may miss an extended period of school, including exams, athletics, theater, etc. I understand my child may not receive a medical mission assignment at Mission Training Workshop, but at a later date. I am aware of the inherent dangers of international travel. I am willing to allow my child to travel internationally.

Signature of Parent/Guardian  Date

I, ______________________________, have reviewed the application and endorse the submission of this application by the student. I recognize that submission of this application does not guarantee this student will be accepted. I understand that this student may not receive a mission assignment at Mission Training, but at a later date.

Signature of Club Advisor  Date
Part 3 Describe Your Club Involvement

On a separate sheet of paper, please list (typed) all Operation Smile activities in which you played an active role, and briefly describe your participation. Include dates when possible. We want to understand your activity, not your club’s activities. Include the time dedicated and outcome (awareness, money raised, etc.). The more detail the better as the committee would like to see how you are different from your peers and other candidates.

Part 4 Essay A

On a separate sheet of paper, please answer the following (typed, <1 double spaced page, titled: Your Name – Essay A): Clearly describe how participating on a medical mission fits into your long term goals. How will you contribute to your club, school, and community in the short term? Give clear examples.

Part 5 Essay B

On a separate sheet of paper, please answer the following (typed, < double spaced 1 page, titled: Your Name – Essay B): After your medical mission, how will you ensure lives are changed forever through your local community?

Part 6 Video Essay

For this part of the application, we ask you to creatively show us who you are by making a short video of yourself! The written portion of the application tells us what you have done as a student volunteer. The video allows us to understand who you are as a person.

This is NOT a video interview—in other words, SHOW us, and don’t tell us, about yourself. This enables us to peek into your personality, and is a fun and creative outlet for you to demonstrate what you are like in action. Remember, a slideshow of people you know and love does not mean we know them, therefore likely will not give us insight about why those pictures are meaningful. Please limit the number of still pictures incorporated in your video.
The video must be a minimum of 2 minutes and a maximum of 3 minutes. In the course of your video, please use at least 4 of the following as prompts. Creativity is encouraged! (do a rap, a dance, blooper reel, paint a picture, perform a short skit, sing a song, put your life in a blender, – whatever) BUT, you will not be judged on your filming or editing skills, so never fear! We care more about content than we do about who will be the next Steven Spielberg.

1. What inspires you?
2. How do you spend your free time? (Film it! Include your friends!)
3. What makes you unique? (In other words, what makes you…well…YOU?)
4. What person, place, or thing (past or present) has had the greatest influence on you? Why?
5. What special skills or talents do you have?
6. What personal challenges have you overcome that have made you stronger?
7. What are the best words of wisdom you have ever received? Why?

Video Submission
There are 2 ways to submit your video. We prefer that you send us a DVD.
1. Send in a DVD copy of your video with your application. ANY DVD SUBMISSIONS MUST BE COMPATIBLE AND VIEWABLE WITH WINDOWS MEDIA PLAYER. Please test before sending.
2. Post your video to YouTube. Please only use this option if you are not able to mail us a DVD of your video.

Directions for Posting your video to YouTube:
BEFORE UPLOADING YOUR VIDEO
2. Create a YouTube account if you do not already have one.
3. Upload your video
4. You MUST tell us your account username so we can view your video.
5. We recommend you avoid promoting your video to other MTW applicants.
6. If you decide to make your video private, please send us an email at MTW@operationsmile.org to ask who on the review committee you should give access to.

WRITE THE NAME OF YOUR YOUTUBE ACCOUNT PROFILE CLEARLY HERE:___________________________
Part 7 Letters of Recommendation

Please submit two letters of recommendation. Print the two forms; give one to your Club Advisor and the other to a non-family member adult who knows you well. Please note, letters cannot be written by Operation Smile employees. Letters should be returned to you in a sealed envelope that is signed across the back. We suggest you request the letters early to allow the Recommender time to return them to you prior to the submission deadline. Recommendation forms are at the end of this application.
RECOMMENDATION FORM

To the Student Applicant:
Fill in the information below on 2 forms. Give one form to your Student Club Advisor and the other to an adult, non-family member, who knows you and your relationship with Operation Smile. (Please note, letters cannot be written by Operation Smile employees). With each form, provide the recommender with a self addressed, stamped envelope. Recommenders should seal the envelope and sign their signature across the seal before returning it to you. Submit the recommendation letter with your completed application.

Applicant’s Name: ________________________________________________________________
School Name: __________________________________________________________________
Year of Graduation: ______________________ Current Grade in School:__________________

To the Recommender:
Return your letter and this form in the stamped, addressed envelope provided by the student. Seal & sign across the envelope flap. Operation Smile finds candid evaluations helpful in choosing from many highly qualified Mission Training applicants. We are primarily interested in the contributions and personal efforts this student has made in service to others, leadership, and teamwork. Please include anything you feel is important about this candidate’s qualifications to be a member of an Operation Smile Medical Mission. We are grateful for your assistance and request that you sign below.

Recommender’s Name: ______________________________________________________________
Employment/School Name: __________________________________________________________________
Position: ___________________________________________________________________________
Phone: __________________________ E-mail: __________________________

Signature ___________________________ Date __________________

Evaluation
In a letter, please detail your observations of this student, for the time you have known him/her, including a description of Operation Smile involvement and personal characteristics. Community service, team activities, leadership roles, potential, maturity, independence, initiative, leadership, special talents, concern for others, and reaction to setbacks are valued as well. Please use examples wherever possible. We welcome all information that will set this student apart.

Confidentiality
We value your comments. This form and your letter will be kept in the applicant’s file, should they be accepted for Mission Training. Unless required by state law, Operation Smile will not provide applicants access to records, or to those students denied acceptance or those students who decline their acceptance. Operation Smile is committed to administer all policies and activities without discrimination on the basis of race, color, religion, national or ethnic origin, handicap, or gender.