



The 41st International Order of Malta Summer Camp 2026

August 3 – 10, 2026 | Navarra, Spain

Order of Malta Federal Association
U.S.A Team – Volunteer Application

Submission Deadline: March 1, 2026

To contact the Team Leader, Richard A. Mena, Team Leader, U.S.A. Team – 2026 Summer Camp, please send an email to usateamleadership@gmail.com with any inquiries.

Submission Instructions: Please email this completed application to both usateamleadership@gmail.com and federalauxiliary@gmail.com.

PERSONAL INFORMATION

To complete your application, please provide a recent passport-style photograph. This helps us with identification, travel organization, and preparing delegate materials for Team U.S.A.

Photo Here

Recent Passport –
Style Photograph
Head & Shoulder
(Only)

First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth: ____ / ____ / ____

Home Address: _____

Primary Phone: _____ E-Mail: _____

Father Emergency Contact: _____ Emergency Contact: _____

Emergency Contact Email: _____

Mother Emergency Contact: _____ Emergency Contact: _____

Emergency Contact Email: _____

Association Region: _____ Years with the Auxiliary: _____

Home Parish (Catholic Church): _____

City & State: _____

Do you have more than one Citizenship?

☐ Yes ☐ No If yes, please specify: _____

APPLICATION QUESTIONS

(Please read carefully. Your responses help Team Leadership understand your experience, strengths, readiness, and suitability for serving as a volunteer at the Order of Malta International Summer Camp.)

The following questions are designed to give Team U.S.A. a clear and comprehensive understanding of your background, skills, and personal qualities. **Because volunteers are entrusted with the care of young adults with disabilities, your detailed and honest responses are essential.** Please answer each question thoroughly, reflecting your experience, your commitment to service, and your ability to support a Guest throughout the week. This information also helps us ensure proper placement, safety, and compatibility between volunteers and Guests. If you need additional space, you may continue your responses on a separate page.

1. Experience Supporting Individuals with Disabilities

Do you have experience accompanying people with developmental differences or disabilities?

☐ Yes ☐ No

Describe your experience:

2. Involvement With the Auxiliary and Order of Malta

Describe your involvement with the Order of Malta, the Auxiliary, and any related service activities.

Examples include: Lourdes pilgrimages (including if you have visited Lourdes with friends or family), International Summer Camps, hands-on service projects, local Auxiliary activities, hospital service, humanitarian work, or community outreach.

3. Wheelchair & Mobility Support

Can you assist with wheelchair and mobility support for individuals with disabilities before, during, and after the camp, and provide ongoing support throughout the week? If so, please describe your approach below:

4. Guest Referral (From Your Home State)

Team U.S.A. often receives referrals from volunteers who know young adults with disabilities within their home state who would benefit from the Malta Camp experience.

Do you personally know someone from your state who may be interested in attending and traveling with the delegation? If so, please list their details below.

(If not, you may leave this section blank.)

Name: _____

Relationship: _____

State of Residence: _____

E-mail: _____

Phone: _____

5. Personal Background, Languages & Interests

Please tell us more about yourself. What are you currently studying, or what is your occupation? Do you speak any foreign languages? Additionally, describe your hobbies, interests, and any unique abilities or hidden talents—whether practical, creative, or unexpected—that you believe would add value to the team experience.

6. Additional Information

Is there any additional information not covered in this application that you feel would be important for Team Leadership to know prior to your participation in the camp?

7. CPR & First Aid Certification

Have you previously completed CPR and/or First Aid training? If so, please provide the type of certification received and the month/year of your most recent training.

☐ Yes

Type of certification: _____

Most recent certification (MM/YYYY): _____

☐ No

8. Travel Commitment from Washington, D.C.

As a confirmed member of Team U.S.A., **you are expected to travel with the delegation for the entirety of the journey.** This includes boarding the official outbound group flight departing from Washington, D.C., traveling to the destination, and returning on the designated group flight back to Washington, D.C.

Will you be able to meet this requirement?

☐ Yes, I am committed

Please Sign:

9. Emotional Readiness & Stress Management

Supporting a Guest with disabilities can involve long days, unexpected challenges, and emotionally sensitive moments.

Are you able to remain calm, patient, and supportive during stressful or unexpected situations? If yes, please describe how you manage stress or maintain composure when assisting others.

10. Medical or Physical Considerations

To ensure safe placement and proper support for both volunteers and Guests, it is important for Team Leadership to be aware of any relevant considerations.

Do you have any medical conditions, physical limitations, or health considerations that Team Leadership should be aware of to ensure your safety and appropriate assignment during camp?

☐ Yes ☐ No

If yes, please explain:

11. Motivation & Personal Calling

The Order of Malta International Summer Camp is a week of service, companionship, and spiritual community. Understanding your motivation helps Team Leadership ensure that volunteers are prepared for the mission and responsibilities of serving a Guest with disabilities.

Why do you want to be part of Team U.S.A., and what is your personal motivation or calling to serve at this camp? Please describe what draws you to this experience and what you hope to contribute.

12. Commitment to Teamwork & Community Living

The Order of Malta International Summer Camp is a team-based environment that requires cooperation, flexibility, respect for others, and the ability to live in close community with volunteers and Guests from around the world.

Are you able to work collaboratively with teammates, follow direction from Team Leadership, and maintain a positive, respectful attitude in a group setting? If yes, please describe how you contribute to a healthy, supportive team environment.

☐ Yes ☐ No

13. Reliability, Responsibility & Follow-Through

Volunteers must be dependable, punctual, and committed, as Guests and teammates rely on them throughout the week.

Can you describe a time when you demonstrated responsibility, reliability, or followed through on an important commitment? How will you apply that same level of responsibility during the Camp?

☐ Yes ☐ No

15. Compassion, Boundaries & Sensitive Moments

Volunteers may encounter situations involving emotional distress, frustration, homesickness, or sensitive personal needs.

How do you respond when someone is upset, overwhelmed, or in emotional distress? Please provide an example of a time when you supported someone with patience, empathy, and discretion.

16. Support for Guests During Catholic Church Services

Are you willing to support individuals with disabilities who wish to attend Catholic church services during the camp? Volunteers may assist Guests who need mobility support, guidance, or personal assistance to participate fully in Catholic Mass and other liturgical celebrations. ☐ Yes ☐ No

17. Parental Membership in the Order of Malta

Are your parent's members of the **Sovereign Military Order of Malta**?

☐ Yes ☐ No

If **Yes**, please provide the following details:

Parent's Name: _____

Title (Knight or Dame): _____

Association or Jurisdiction

(e.g., American Association, Federal Association, Western Association, or international):

REFERENCES

(Team Leadership may contact your references as part of the application review process. Please provide accurate and current information. References may include family members, but we encourage you to list individuals who can speak to your character, responsibility, and suitability for serving at the Order of Malta International Summer Camp—such as professors, employers, supervisors, mentors, clergy, community leaders, or family members who know you well.)

Reference 1

Name: _____

Relationship / Title: _____

E-mail: _____

Phone: _____

Reference 2

Name: _____

Relationship / Title: _____

E-mail: _____

Phone: _____

Volunteer Mission Commitment & Acceptance of Responsibilities

I, _____, fully understand and accept all responsibilities, expectations, and policies outlined in this application and Agreement as a member of Team U.S.A. for the Order of Malta International Summer Camp. I acknowledge that I will be serving a Guest with disabilities who relies on my continuous support, supervision, and compassionate care, and I therefore commit to providing safe, responsible, and unwavering assistance 24 hours a day for the full duration of the camp.

I affirm that my Guest's safety, dignity, and emotional well-being will always be my highest priority, and I will never leave my Guest alone, unsupervised, or out of sight unless I am explicitly relieved by an approved Team U.S.A. volunteer. If I must step away for any reason, I will ensure a direct and confirmed handoff before doing so.

I agree to conduct myself in a manner reflecting the values of the Sovereign Military Order of Malta and the Catholic Church, treating all Guests, volunteers, and staff with patience, compassion, professionalism, and humility. I understand that inappropriate, unsafe, or irresponsible behavior may result in reassignment or removal from the delegation.

I will immediately report any health concern, unusual behavior, emotional distress, incident, accident, or safety risk involving my Guest or any participant, understanding that timely reporting is essential to protecting the safety and dignity of everyone involved.

I will follow all instructions, schedules, curfews, transportation rules, protocols, meetings, formations, prayers, and required activities established by Team Leadership, and I will remain on campgrounds unless officially cleared. I understand that these expectations ensure the well-being of Guests and the smooth functioning of the delegation.

By signing below, I commit myself to fulfilling these obligations with integrity, responsibility, maturity, and sincere dedication, and to representing the mission of the Order of Malta with honor throughout the entire camp.

Volunteer Signature: _____

Printed Name: _____

Date: _____

APPLICATION SUBMISSION, DEPOSIT & DONATION INFORMATION

Application Submission

Please submit your completed application by email no later than March 1, 2026 to both:

FederalAuxiliary@gmail.com and usateamleadership@gmail.com

Questions may be directed to: usateamleadership@gmail.com

Financial Responsibility & Travel

Volunteers are responsible for all costs associated with participation in the 41st International Order of Malta Summer Camp. Team U.S.A. will travel as a delegation to ensure the safe arrival of Guests and coordinated transportation. Costs include lodging, meals, transportation during camp, round-trip airfare, and required camp events.

Camp Fees

Camp Registration Fee: €400

International Night Fee (food & drinks): €50

Total Fees: €450

Approximate conversion: €450 ≈ \$520–\$530 USD (subject to exchange rate variation).

Deposit & Check Payment Instructions

Once offered a position on Team U.S.A., a deposit equal to the total amount due (€450) is required to secure your place.

Make checks payable to: Order of Malta Federal Association U.S.A.

Memo: Summer Camp Deposit

Mail to:

Attn: Auxiliary Committee

Order of Malta Federal Association

1730 M Street, NW, Suite 403

Washington, DC 20036

Deposit must be received by April 1, 2026.

Online Payment & Voluntary Donations

The International Order of Malta Summer Camp operates entirely through charitable donations and volunteer support to ensure that all Guests can attend regardless of financial circumstances. Donations directly support Guest accommodations, meals, transportation, medical care, and accessibility needs.

Optional online donations may be made at:

<https://wl.donorperfect.net/weblink/WebLink.aspx?name=orderofmalta&id=350>

Donations are voluntary and are not required for participation, but all contributions directly benefit our Guests.

NON-REFUNDABLE FEES ACKNOWLEDGMENT

I acknowledge that all payments made in connection with this application and participation are **strictly non-refundable**, including but not limited to registration fees, travel costs, and accommodations.

Applicant Name: _____ Signature: _____

Date: _____