



UNITED GLOBAL
VOLUNTEERS
INTERNATIONAL

INTERNATIONAL VOLUNTEER APPLICATION FORM

Thank you for your interest in volunteering with our organisation. United Global Volunteers International takes seriously its obligation to provide a safe atmosphere for all persons involved in this organization. To join our programs through participatory process, fill in the forms below where applicable. -

SURNAMEFIRST NAMESECOND NAME
 DATE OF BIRTH/..... /.....EMAIL
NATIONALITY

LANGUAGES SPOKEN. 1.2.3.I.D. / PASSPORT
 NO..... PLACE OF RESIDENCEADDRESS
TELEPHONE..... MOBILE NO 1..... 2.
 GENDER . Male Female.....

HEALTH

In case of an emergency during the volunteering exercise, whom should we contact?

REFEREES

1. NameRelationship.....
 Contact Info; Mobile NoAddress

2. NameRelationship.....
 Contact Info; Mobile NoAddress

I give my permission to the supervisors during the volunteering programme to contact the above named persons in case of any kind of emergency. Yes No

Do you have a medical insurance cover (if yes, give number)?

Do you have any health problems? (State)

.....

Please obtain a letter from your primary care physician stating you are in good health.

References:

We require two references to consider you as a volunteer. The first should be a professional person (teacher, counselor, doctor, etc.,) who has known you for a minimum of 6 months, the second reference should be a friend who has known you for a minimum of 2 years. Neither reference can be related to you. Please include their names, addresses, phone and email addresses. Please alert these people to the fact you have given their names as references. They will be contacted by the administrator of your application.

Reference

1. NameMobileAddress.....
Email.....

2. NameMobileAddress.....
Email.....

PERSONAL STATEMENT

Please write a personal statement that includes your purpose with us. And how you feel you can benefit the projects. List anything additional you feel can be shared with us, such as participation in community organizations, hobbies, skills and interests functions.

Should your application be accepted in what capacity would you like to serve?

- | | |
|---|--|
| <input type="checkbox"/> Child Care | <input type="checkbox"/> HIV/Aids projects |
| <input type="checkbox"/> Teaching | <input type="checkbox"/> Feeding programs |
| <input type="checkbox"/> Administrative Assistant | <input type="checkbox"/> Mentorship programs |
| <input type="checkbox"/> Construction/housing | <input type="checkbox"/> Other (Indicate please) |
| <input type="checkbox"/> Medical related | |

Do you prefer to work directly with a specific age group?

- 0-4 years 5-8 years 9-11 years 12-14 years 15-19 years No preference.

How long would you like to serve United Global Volunteers Inc.?

- 1-3 months 3-6 months 6-12 months more (Indicate please).....

COMMITMENT

COMMITMENT IF SELETED TO VOLUNTEER WITH UNIGLOBE	SIGNATURE
I agree to treat my volunteer experience at Uniglobe Volunteers Inc. like a job and conduct myself professionally.	
I agree to adhere to the rules of Uniglobe Volunteers Inc. as they pertain universal declaration of human rights.	
I agree to actively seek ways to assist in the day to day operations of the centre and to take guidance from the Uniglobe Volunteers Inc.	

I understand that my tasks will be based on the key priorities of Uniglobe Volunteers Inc. and hence during the time of my visit, I am prepared to keep my plans flexible.	
I agree to join in the activities of Uniglobe Volunteers Inc. at all times and to interact with the people rather than standing back and observing.	
I agree to ensure my behavior is discreet if I am traveling with my partner.	
I agree to wear culturally appropriate clothing	
I agree to respect the beliefs of Uniglobe Volunteers Inc. and the background of the people by abstaining from alcohol, drugs, cigarettes etc... while in their projects and its neighborhood for safety and benefit of us all. I agree to keep my contacts as culturally acceptable and sensitive.	
I agree to pay a fee of 200 USD for Admission, Airport transfer and Orientation. Further I agree to pay 20 USD daily fees for food and accommodation. Admission fee is paid together with submission of application forms while food and accommodation fee is paid at on-start of volunteer program.	
If I wish to donate gifts, it will be through Uniglobe Volunteers Inc. Administration and will only be donated after consultation with Uniglobe Volunteers Inc. Administration.	
I agree to abstain from violation of children rights or any of universal declaration of human rights.	

I declare that all particulars given in this application are true and correct and that I have not willfully suppressed any material fact. I understand that I am liable for dismissal by Uniglobe Volunteers Inc. if the information given above is subsequently found to be untrue or if the volunteer commitment is not adhered to.

RELEASE OF LIABILITY

In consideration of Participation in Uniglobe Volunteers Inc., I.....
 (undersigned) agree to give Uniglobe Volunteers Inc., its staff, Partners and volunteers permission to act in my best interest in case of an emergency. I further authorize Uniglobe Volunteers Inc. to take me to any doctor for medical treatment, emergency, hospitalization or care as need arises.

Signature _____

Start Date:/...../.....

End Date:/...../.....

Date...../...../.....

NB: Everything written in this form will be held with the highest confidentiality and trust. Please return this completed application at your earliest convenience to assure prompt processing.