



ORPHANS AFRICA FIELD VOLUNTEER APPLICATION FORM

Contact Information:

FULL NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____

COUNTRY: _____ POSTAL CODE: _____

PRIMARY PHONE NUMBER: (_____) _____

SECONDARY PHONE NUMBER: (_____) _____

SKYPE I.D. (IF YOU HAVE ONE): _____

EMAIL ADDRESS: _____

Personal Information:

AGE: _____ GENDER: _____

CURRENT PASSPORT: Y / N IF YES, EXPIRATION DATE: _____

ARE YOUR IMMUNIZATIONS UP-TO-DATE? _____

IF NOT, DO YOU PLAN TO GET IMMUNIZED? _____

EDUCATION / OCCUPATION: _____

OTHER SKILLS / ABILITIES: _____

WHEN ARE YOU CONSIDERING TRAVELING TO TANZANIA? _____

WHY DO YOU WANT TO VOLUNTEER? _____

WHAT WOULD YOU LIKE TO DO AS A VOLUNTEER?

- Teach:** Widows School children (both non-orphan and orphan)

Subject areas: _____

- Provide teacher training and mentoring**
 Provide preventative health education, including AIDS / HIV awareness
 Provide health screening for orphans and widows
 Help with construction of schools / dormitories / lavatories, etc.

- Provide technical assistance to MOP**
 - Accounting
 - Computer training
 - Other _____
- Teach Women's Empowerment issues to widows**
- Help a widow set up her own business**

OTHER WAYS YOU CAN HELP: _____

AS A VOLUNTEER, WHAT SKILLS AND ABILITIES WILL YOU BE BRINGING THAT WOULD BE ESPECIALLY USEFUL TO OUR PROGRAMS? _____

HAVE YOU BEEN TO AFRICA BEFORE? WHEN, WHERE AND HOW LONG? _____

EXPLAIN OTHER TRAVELING YOU HAVE DONE ABROAD: _____

DO YOU HAVE ANY HEALTH ISSUES OR HEALTH CONCERNS OF WHICH WE SHOULD BE AWARE? ARE YOU CAPABLE OF WALKING LONG DISTANCES? _____

WHAT ELSE WOULD YOU LIKE US TO KNOW ABOUT YOU? _____

Mail to:

Orphans Africa

PO Box 1371

South Bend WA 98586-1371

Or scan and email to: info@orphansafrica.org