



Volunteers for International Partnership
Willing People-Meaningful Work
Serving The World Community

APPLICATION FORM (PLEASE COMPLETE IN BLACK INK)

Personal Information		
First Name	Last Name	Date of Birth (Day/Month/Year)
Address Line 1		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Address Line 2		Country Issuing Passport
City/Town		Passport Number
State/Region	Postal Code	Passport Expiration Date (Day/Month/Year)
Country		Telephone (Include country code and area code)
Country of Legal Residence (If different)		Fax (Include country code and area code)
Emergency Contact		
First Name	Last Name	Relationship to you
Address Line 1		Email
Address Line 2		Telephone (Include country code and area code)
Town/City		Alternate Telephone (Include country code and area code)
State/Region	Postal Code	Fax (Include country code and area code)
Country		
Tracking/Preference Information		
Have you completed an International Inquiry Form? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, your VIP ID Number:		
Email address		Sending country office
Have you been a VIP participant in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list the years that you have participated in the past
When do you want to start as a volunteer? (Month/Year)		When do you want to return from your project? (Month/Year)
Host Country: First Preference		Host Country: Second Preference

The following types of programmes are generally available. Please select from this list and enter your first and second preference in the boxes below.

Agriculture
Community Organisation/Support
Urban Development
Environment
Human Rights/Activism

Arts Education/Performance
Architecture/Construction
Rural Development
Nutrition

Archeology
Cultural Support/Restoration
Education/Teaching
Healthcare

Type of Project: First Preference

Type of Project: Second Preference

Background

Present Employment Status: (Full time, retired, sabbatical, self employed etc.)

Language of Best Fluency:

List other languages that you speak and fluency: (*Fluency: B-Basic, I-Intermediate, A-Advanced*)

Have you travelled or lived outside your own country?

Yes No

If yes, list the countries you have visited and how long you were there:

What in your background will help you as a volunteer (i.e. Education, work skills, vocational training, family history etc.)

Can you document work or educational training if necessary? Yes No

(Your sending office may request school or professional records)

Please describe yourself and your interests, hobbies and leisure activities. (Continue on the back if necessary)

Have you worked as a volunteer before? Yes No

If yes, list your most rewarding volunteer work experiences. (Continue on the back if necessary)

<p>Are you a student? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please answer the following questions:</p> <p>What is your field of study?</p> <p>What is the name of your school, college or university?</p> <p>Are you meeting graduation or credit requirements with your volunteer service work? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Who at the educational institution coordinates your international work/study placement:</p> <p>First Name and last Name Administrative Title</p> <p>Coordinator's telephone (Please include country code and area code) Coordinator's email address</p>	
<p>Health/Response Information <i>This information is strictly confidential and shared only as needed for final placement.</i></p>	
<p>Do you have allergies <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list allergies and describe your reaction and treatment.</p>	
<p>Do you take regular medication or drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list medications and conditions being treated.</p>	
<p>Do you have any special dietary requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what are they?</p>	
<p>Do you smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you willing to adapt if your host culture or family differs sharply about smoking or drinking? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>In the last 12 months, have you been hospitalised or received treatment for any medical condition? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>In the last 12 months, have you needed treatment, counselling or hospitalisation for a psychiatric condition? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you presently recovering from an injury? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you now have, or have you been recently exposed to, a transmissible disease or infection? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Date of last tetanus injection: (Month/Year)</p>	
<p><i>Please note: People with special needs are encouraged to work with their VIP sending office to identify an appropriate kind of volunteer placement. Final decisions, based on host project conditions and local resources are to be made by the Host Country office.</i></p>	
<p>Please describe your overall health condition: <input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor</p>	
<p>Please describe your strength and endurance: <input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor</p>	
<p>Personal Doctor Contact Information <i>Your sending organisation may require a medical report from your doctor. Consult your sending office for instructions.</i></p>	
<p>Name</p>	<p>Telephone (Include country code and area code)</p>
<p>Email</p>	<p>Fax (Include country code and area code)</p>

Civil Reference	
Have you ever been convicted of a criminal offence? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has a court restraining order or a harassment, ethics or morals charge been ruled against you? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please list two people, not family or friends, we can contact as references about you and your application.	
Reference One:	Reference Two:
First Name Last Name	First Name Last Name
Occupation	Occupation
Email	Email
Telephone (Include country code and area code)	Telephone (Include country code and area code)
Address Line 1	Address Line 1
Address Line 2	Address Line 2
City	City
State/Region Postal Code	State/Region Postal Code
Country	Country

Please mail this completed application to your sending office along with the following:

- 2 recent passport-sized photos
- A letter of self-introduction to your host family ("Dear family")
- Your up-to-date CV or resume
- Your deposit of 50% of the program fee in the agreed currency
- Your signed statement of complete and truthful disclosure (pdf)

Please check the appropriate box and sign: I declare that all statements made in this application are accurate and true to the best of my knowledge Yes No

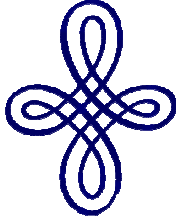
Please make your cheque payable to E.I.L. Limited

Please use this page for your '*dear family*' letter. This, together with your photographs, will be given to your host family as a way of introducing you and your interests. Describe your home life and your family. Tell them about your home town and the surrounding area. Be specific regarding any dietary and medical needs you may have or any other information you feel your host country should know about you.

Please print your name here

return to:- EIL 287 Worcester Road MALVERN Worcestershire WR14 1AB **ph:**01684 562577

Don't forget!! Attach one passport photograph plus one informal photograph



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Truth in Disclosure

I declare that the statements and declarations I have made on the application form

“VIP Application” as submitted _____(day)_____(month)_____year are true and accurate and that my statements fully disclose the information requested to the best of my knowledge.

I understand that providing false or misleading information to Volunteers for International Partnership and its authorised representatives may lead to non-acceptance to or early dismissal from the VIP programme.

I understand that all information disclosed by me on the application form will be kept confidential and shared only as necessary by authorised representatives of Volunteers for International Partnership, and that I may correct information I have provided at any time.

_____ Name (printed)

_____ Signature

_____ Date