# VOLUNTEER APPLICATION

## I. Personal

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Date of Birth</th>
<th>Female ☐</th>
<th>Male ☐</th>
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<thead>
<tr>
<th>Address</th>
<th>Home Phone</th>
<th>Mobile Telephone</th>
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<table>
<thead>
<tr>
<th>Office Telephone</th>
<th>E-Mail Address</th>
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<table>
<thead>
<tr>
<th>Country of Citizenship</th>
<th>Country of Permanent Residency</th>
<th>Country of Birth</th>
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## II. Volunteer

**Are you applying for a specific volunteer assignment?**

If yes, please indicate the assignment for which you are applying (include assignment name):

When will you be available for a volunteer assignment? (Please include a start and end date of availability.)

Are you able to be absent from professional and personal commitments during the entire period of the proposed assignment/stated availability dates?

**Placement Preferences (if any):**

- ☐ Urban
- ☐ Rural
- ☐ Specific Country/Countries [Please list]

International Experience – Describe where, how long, what functions you performed, and your impressions.

Skills – Check the areas in which you have skills and experience that might apply to a volunteer assignment.

### HIV/AIDS Care and Treatment

- ☐ Palliative care
- ☐ Counseling
- ☐ Antiretroviral treatment
- ☐ Community-based care

### Clinic/Facility Management

- ☐ Patient records
- ☐ Pharmacy management/record keeping
- ☐ Laboratory management/record keeping
- ☐ Patient flow
HIV clinical care
Laboratory
Pharmacy
Care of women
Reproductive health/family planning
Mental health
Oral health
Nutrition
TB and other coinfections
Pediatric care
Other (please specify):

Information Technology (IT)
Website development
Database development and maintenance
IT maintenance and support
Other (please specify):

Program Management
Organizational capacity building
Epidemiology/surveillance
Monitoring and evaluation
Needs assessment/situation analysis
Program development
Health informatics
Other (please specify):

HIV/AIDS Prevention
Behavior change communication
Mother-to-child transmission
STI prevention
Prevention with positives
Other (please specify):

Training Experience – Check the types of training that you have conducted in the past.

Curriculum Development
Training-of-trainers
Clinical mentoring
Other mentoring
Workshop or conference
Patient education
Other (please specify):

Other Skills and Experience – Please describe in more detail any other skills and experience that you would be able to apply to a volunteer assignment:

Languages – List languages and proficiency.
1.
2.
3.

Do you have health conditions that require special management, especially in a limited resource setting?

Why would you like to become a volunteer?

III. Emergency Contact

Name
Relationship
Address
Telephone and E-mail Address

IV. Education (Post-Secondary)

Institution
City, state
Degree/certificate
Field
Year graduated

Institution
City, state
Degree/certificate
Field
Year graduated
<table>
<thead>
<tr>
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**V. Professional**

Current Status (employed, unemployed, student, retired)

If employed, provide the name and address of the organization where you work:

List professional licenses and certifications:

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<tr>
<th>State/Province, Country</th>
<th>Profession</th>
<th>Validity period</th>
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Have you ever had a license revoked? If yes, please explain.

**VI. References (Professional)**

1. Name
   - E-mail address
   - Address
   - Telephone

2. Name
   - E-mail address
   - Address
   - Telephone

☐ Please mark this box if you certify that the above statements are correct to the best of your knowledge.