**Step Up Uganda Volunteer Application**

**I. Applicant Information**

*Please print clearly.*

|  |  |
| --- | --- |
| Name (as listed on your passport): |  |
| Nickname: |  |
| Date of Birth (mm/dd/yy): |  |
| Address: |  |
| E-mail address: |  |
| Phone #s: |  |
| Occupation: |  |
| Desired volunteer dates: |  |
| Hobbies & interests: |  |
| Special training or degrees: |  |
| Other special skills: |  |
| Name, address, phone # of person to contact in case of emergency: |  |
| Relationship of person listed above: |  |
| Please list any medical conditions or allergies: |  |
| Please list any medication you take regularly: |  |
| How did you hear about us? |  |

**II. Questionnaire**

*As you answer the following questions, please remember there are no right or wrong answers; we simply want you to have the best experience possible. You must complete all of the questions. If a question does not apply to you then mark N/A in the space provided. Please keep answers brief but informative.*

1. What motivates you to be involved in humanitarian service?

2. Tell us why you selected Step Up Uganda:

3. Please describe any past volunteer experiences you have had. Include the names of organizations, responsibilities and accomplishments:

4. Have you traveled overseas before? Where, when and what were the circumstances?

5. Describe your most rewarding and your most frustrating volunteer experience:

6. Describe your experience working with teams/groups and tell what you personally can contribute to Step Up Uganda.

7. If you are in a situation where no one seems to know what they are doing, do you tend to take over or are you comfortable waiting for someone else to jump in?

**Using a scale from 1-10 with one being a statement that does not describe you at all and ten being exactly you, please rate the following statements (again, there are no right or wrong answers, we just want you to have a good experience!):**

1. I am comfortable traveling alone. \_\_\_\_\_

2. I prefer to travel in a group or at least with one other person I can talk things through with.\_\_\_\_\_

3. I am a self-starter and can find things to do when plans fall through. \_\_\_\_\_

4. I work best when given specific instructions. \_\_\_\_\_

5. I follow instructions well, even when I don’t understand the reason. \_\_\_\_\_

6. I operate most effectively when I understand why I’m doing something a certain way. \_\_\_\_

7. I work well with others. \_\_\_\_\_

8. I prefer to work alone on a given task. \_\_\_\_\_

9. I would rather be a leader. \_\_\_\_\_

10. I would rather be a follower. \_\_\_\_\_

11. I can see what needs to be done without being told. \_\_\_\_\_

12. I prefer to have direction. \_\_\_\_\_

13. I prefer to work with adults. \_\_\_\_\_

14. I prefer to work with children. \_\_\_\_\_

15. I enjoy teaching. \_\_\_\_\_

16. I enjoy working with my hands. \_\_\_\_\_

17. I can easily adapt to a new environment. \_\_\_\_\_

18. It takes a while, but if I’m given space I can adapt. \_\_\_\_\_

19. I need to know what situation I’m going into to stay on balance. \_\_\_\_\_

20. I need my privacy. \_\_\_\_\_

21. I prefer to be with others. \_\_\_\_\_

**Please complete the following sentences (and be candid!):**

What I find most appealing or exciting about this kind of experience is …

What frightens me the most about this kind of experience is…

My greatest strength that will help me in this work is…

My greatest weakness that will challenge me in this work is…

**Please describe what you hope to learn from this experience, what you hope to contribute and what you hope to accomplish:**

I hope to learn…

I hope to contribute…

I hope to accomplish…

**III. References**

*Please list three references, two from work experiences and one personal. No relatives, please! These should be people that you would be comfortable with us contacting. Please list name, phone number, and relationship of references:*

1.

2.

3.

**IV: Acceptance of Application**

If you are selected as a volunteer going to Africa, a $250 non-refundable deposit will be required upon approval of your application to reserve your position.

I understand that all costs for the volunteer experience with Step Up Uganda are my responsibility.

I understand that responsibility for medical insurance and cost of healthcare during volunteer service with Step Up Uganda is solely my own.

I understand that Step Up Uganda is not responsible or liable for any delay in travel that may occur during my volunteer experience or for any circumstances or expenses that may arise as a result of such delays.

I agree to all terms of volunteer service as outlined and presented by Step Up Uganda staff.

I understand that this application must be reviewed and accepted by Step Up Uganda before I am selected for volunteer placement. I understand that submitting an application does not guarantee placement.

Step Up Uganda is not responsible for any material loss or personal injury incurred as a result of joining and traveling with one or more of our volunteer groups. You travel at your own risk.

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby release Step Up Uganda from any responsibility of material loss or personal injury of any kind as a result of my decision to become a member of any of their volunteer groups. I am solely responsible for this decision and I recognize and accept that I travel at my own risk.

Date:\_\_\_\_\_\_\_\_\_\_

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of legal guardian (for volunteers under age 18):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name of legal guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for your interest in Step Up Uganda’s work. Please return your completed application to the address listed on page one. Your application will be reviewed within 30 days of receipt. You will be notified as soon as a decision regarding your placement has been made.