



Bead for Life
 ERADICATING POVERTY
 ONE BEAD AT A TIME®

Uganda Volunteer Application

Created 06/07/2010

Date: _____

PERSONAL INFORMATION:

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Birthday: _____ month/day

What do you know about BFL?

What do you know about extreme poverty?

Have you lived or worked in a developing country before? If so, please tell us a little bit about your experience. _____

What experience(s) have you had relevant to volunteering in Africa?

EDUCATION:

Please check all that apply.

- High School Graduate
- College Graduate. Degree Received: _____
- Master's Degree. Degree Received: _____
- PhD Degree. Degree Received: _____

SKILLS/INTERESTS:

Check all that apply as either a skill or an interest:

- | Skill | Interest | | Skill | Interest | |
|--------------------------|--------------------------|---|--------------------------|--------------------------|---------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Organizational skills | <input type="checkbox"/> | <input type="checkbox"/> | Research & Data Analysis skills |
| <input type="checkbox"/> | <input type="checkbox"/> | Artistic Creativity | <input type="checkbox"/> | <input type="checkbox"/> | Internet fluent |
| <input type="checkbox"/> | <input type="checkbox"/> | Carpentry/Manual Labor Skills | <input type="checkbox"/> | <input type="checkbox"/> | Product Development Skills |
| <input type="checkbox"/> | <input type="checkbox"/> | Graphic Arts Skills | <input type="checkbox"/> | <input type="checkbox"/> | Business Skills |
| <input type="checkbox"/> | <input type="checkbox"/> | Writing skills | <input type="checkbox"/> | <input type="checkbox"/> | Teaching Skills |
| <input type="checkbox"/> | <input type="checkbox"/> | Agricultural Development | <input type="checkbox"/> | <input type="checkbox"/> | Accounting Skills |
| <input type="checkbox"/> | <input type="checkbox"/> | Computer skills (MSWord, Excel, Customer Databases) | | | |

Additional Skills:

Additional Interests:

PERSONAL ABILITIES:

Check all that apply:

- | | |
|---|--|
| <input type="checkbox"/> Outgoing/personable | <input type="checkbox"/> Can stand for long periods |
| <input type="checkbox"/> Adaptable | <input type="checkbox"/> Task-oriented |
| <input type="checkbox"/> Neat & concise | <input type="checkbox"/> Work independently |
| <input type="checkbox"/> Can sit for long periods | <input type="checkbox"/> Can lift one to five pounds (occasionally up to 40-50 pounds) |
| <input type="checkbox"/> Attention to detail | <input type="checkbox"/> Flexible (willing to adjust to changes in plans, shifts in schedule, slower pace of Africa) |

Additional Personal Abilities:

Do you have any health issues that might make it difficult for you to be in Uganda?

VOLUNTEER AVAILABILITY:

Expected length of Commitment:

- Short Term (2 months) Intermediate (3 to 5 months) Long Term (6 months +)

Have you been a volunteer before? Yes No

If yes, please explain all previous/current volunteer experience:

What are your expectations as a volunteer at BFL?

PERSONAL REFERENCES:

(Please list two references and provide their contact information.)

Reference#1:

Name: _____

Address: _____

City: _____ ST: _____ Zip: _____

Phone #: _____

Email: _____

Relationship: _____

Reference #2:

Name: _____

Address: _____

City: _____ ST: _____ Zip: _____

Phone #: _____

Email: _____

Relationship: _____

Have you ever been convicted of any law violation?

Yes

No

Include any plea of "guilty" or "no contest." (Exclude minor traffic violations.)

If yes, please explain:

(Note: A conviction will not necessarily preclude you from being considered for volunteer service.)

EMERGENCY CONTACT INFORMATION:

Name: _____

Address:

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Relationship: _____

How did you hear about volunteering at BFL?

FINANCIAL RESPONSIBILITIES:

Unless otherwise specified by BeadforLife, each Uganda-based volunteer will be responsible for his/her own financial arrangements such as visas, housing, food, transportation and healthcare. Uganda-based volunteers will not be paid for their volunteer service and each volunteer is responsible to work out a reliable system to access his/her monetary funds from his/her home country. It is also advised that volunteers not keep a lot of money on-hand. Uganda-based volunteers are also to show proof of their onward travel or return ticket.

HEALTHCARE REQUIREMENTS:

All Uganda-based volunteers will need to show BeadforLife proof of some form of overseas health coverage before arrival in Kampala, Uganda. Each volunteer is responsible to make sure his/her health insurance covers any medical treatment received out of his/her home country, as well coverage in the event of an emergency evacuation.

EMERGENCY OR MANDATORY TRANSPORT POLICY:

BeadforLife reserves the right to terminate any type of volunteer position within the organization in the case of any danger to a volunteer's physical or emotional well being. BFL also reserves the right to terminate volunteer positions in the case of a health emergency or inappropriate cross-cultural situations such as entering into inappropriate relationships with local community members, abuse of alcohol/drugs, and other such activities.

BFL PRIVACY POLICY AND WAIVER LIABILITY:

I certify that all information in this application is true and complete. I understand that any false information or omission may disqualify me from further consideration for volunteer service and may result in my dismissal, if discovered, at a later date.

I understand that BeadforLife requires information from me to evaluate my qualifications for volunteer service. I also understand the minimum volunteer commitment is a minimum of 3 months in Uganda. I authorize and release personal references, and, if necessary, other applicable entities to answer questions in regards to volunteer work, ability, character, medical and emotional background and, if applicable, driving history. I also authorize that any photographs taken of me while volunteering for BeadforLife can be used by them for publicity purposes.

I am aware that participation as a volunteer may require periods of standing, bending and reaching and frequent lifting of one to five pounds (occasionally up to 40-50 pounds) and will require the exercise of reasonable care to avoid injury. I am voluntarily participating in this activity with knowledge of the hazards and potential dangers involved, and agree to accept any and all risks of personal injury and property damage.

I UNDERSTAND THAT IF I AM INJURED IN THE COURSE OF THE PROJECT, I AM NOT COVERED BY BEADFORLIFE'S WORKERS' COMPENSATION PROGRAM. I authorize BeadforLife to seek emergency medical treatment on my behalf in case of injury, accident or illness to me arising from my involvement as a volunteer. I understand that I will be responsible for medical costs incurred by such accident, illness or injury.

I understand that the materials and tools provided by BeadforLife are and remain the property of BeadforLife, and I agree to return these tools and any remaining materials to BeadforLife at the end of my volunteer service.

I understand that BeadforLife (and its employees, officers, volunteers, contractors and board members) shall not be liable or responsible to the Volunteer or any other person for any damages or injuries whatsoever suffered by the Volunteer in connection with any work or other activities performed; furthermore, any damages caused by the Volunteer shall expressly indemnify and hold harmless and defend BeadforLife (and its employees, officers, volunteers, contractors and board members) from and against any and all resulting claims, actions or damages of whatever nature.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY, AND SIGN IT OF MY OWN FREE WILL.

Applicant Signature: _____ Date: _____

Parent/Guardian Signature (if under 21 years Old): _____