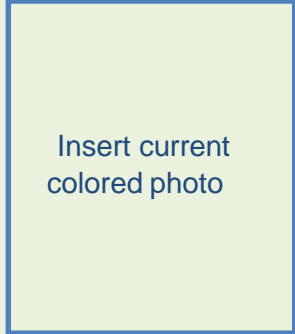


## Community Volunteer Services-Tanzania



### Internship Application Form

**INSTRUCTIONS: Please Print and provide all information below and answer each question clearly and completely. Read carefully and follow all directions, Only the information provided in this form will be considered. TYPE OR PRINT IN INK.**

**Attention: Before you fill out this form, please read the instructions on the last page. If you agree, you can proceed to fill out the form.**

#### SECTION I

Date \_\_\_\_\_

1. Full Name \_\_\_\_\_
2. Address \_\_\_\_\_
3. City \_\_\_\_\_
4. State \_\_\_\_\_
5. Zip \_\_\_\_\_
6. D.O.B (mm/dd/yy) \_\_\_\_\_
7. Student's ID Number: \_\_\_\_\_
8. Mobile number: \_\_\_\_\_
9. Work Phone: \_\_\_\_\_
10. E-mail: \_\_\_\_\_

#### SECTION II

1. Previous Experience \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Occupation (Past occupation if retired): \_\_\_\_\_  
\_\_\_\_\_
3. Other information that will help us make a good match (such as education, general interests/hobbies): \_\_\_\_\_  
\_\_\_\_\_
4. Languages Spoken: \_\_\_\_\_

5. What is your current major/area of study? \_\_\_\_\_

6. When do you expect to graduate? \_\_\_\_\_

**SECTION III**

Availability for the assignment (please, tick in the box that is applicable)

- |                                      |                          |                            |                          |
|--------------------------------------|--------------------------|----------------------------|--------------------------|
| 1. I am available mornings (Mon-Fri) | <input type="checkbox"/> | 5. Once a week             | <input type="checkbox"/> |
| 2. Afternoons (Mon-Fri)              | <input type="checkbox"/> | 6. More than Once a Week   | <input type="checkbox"/> |
| 3. Evenings (Mon-Fri)                | <input type="checkbox"/> | 7. One time only as needed | <input type="checkbox"/> |
| 4. Weekends                          | <input type="checkbox"/> | 8. Other                   | _____                    |

**SECTION IV**

1. When is your anticipated start date? \_\_\_\_\_
2. How long would you like to live, work, and intern with us? \_\_\_\_\_
3. Do you have any specific programs that you are pursuing? \_\_\_\_\_  
\_\_\_\_\_
4. Do you have a preference? \_\_\_\_\_

5. Describe your career goals and how this internship will help you reach those goals. Be specific about the experiences you want to gain through this internship and why you believe this internship can provide such an experience.


6. What are your expectations from the programme? (Please specify)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Any dietary requirements \_\_\_\_\_

**SECTION V:**

1. Have you ever been convicted for violation of any laws or otherwise? YES/NO if YES, please explain: \_\_\_\_\_  
\_\_\_\_\_
2. Do you have any physical condition that may limit your activities? YES/NO. if YES, please, describe: \_\_\_\_\_  
\_\_\_\_\_
3. Who to Notify in case of an emergency? \_\_\_\_\_  
Email \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

**SECTION VI:**

Please list at least two persons we may call who are NOT family, one of whom may be your previous, employer/teacher or relationship other than personal friend.

1. Name \_\_\_\_\_  
Phone \_\_\_\_\_ email: \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship \_\_\_\_\_
2. Name \_\_\_\_\_  
Phone \_\_\_\_\_ email: \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship \_\_\_\_\_

**I hereby give my consent to contact my references, employer(s) and conduct a backgroundcheck.**

**Signature of Applicant**

**Date**

*Office Use for Confirmation:*

\_\_\_\_\_  
**Signature of Head of Programs**

\_\_\_\_\_  
**Date**

## Payment Procedure for Interns and Volunteers

Dear Intern/or Volunteer,

We are excited about your interest in joining our GHIP-program. To ensure a smooth and well-organized experience, we would like to inform you about our payment procedure.

**Payment Deadline:** Within 30 days from the date of receiving your acceptance letter to the volunteer or internship program, a payment of 10% of the total fee is required.

### **Purposes of the Payment:**

#### **1. Commitment Level:**

The payment signifies a high commitment level from participants, preventing any inconveniences related to arrangements for your arrival in Tanzania.

#### **2. Arrival Costs:**

It enables us to cover the costs associated with receiving you upon entry into the country, as CVS-Tanzania has a structured procedure for participant arrivals.

#### **3. Program Commitment:**

The payment demonstrates the participant's seriousness and commitment to this important program.

### **Payment Methods:**

#### **Bank Transfer:**

Directly transfer funds to the CVS-Tanzania organization's account.

**Account Name: Community Volunteer Services in Tanzania**

**Name of the Bank: Exim Bank (T) Limited,**

**Address: 9 Samora Avenue, P.O.BOX 1431, Dar es Salaam, Tanzania**

**Exim Bank swift: EXTNTZTZ**

**Account Number: 0050020402**

#### **Mobile Money:**

Send the payment via Vodacom Tanzania mobile money at +255743462880, under the name Simon Mashauri. (Executive Director).

#### **Important Notes:**

After making the payment, kindly provide proof of payment for our records.

As directed, you will only pay the initial 10%, and the remaining 90% can be settled upon your arrival in Tanzania, either in cash or through a bank transaction.

Thank you for your cooperation. We look forward to your participation in our program in Tanzania.

Ahsante Sana!