

Community Volunteer Services-Tanzania (CVS-Tanzania)



Insert current
coloured photo

Summer Internship Application Form Global Health Initiatives Programme (GHIP)

(NOTE: Before you fill this form, kindly read and understand our **Terms and Conditions**
attached with this Form)

SECTION I

Date _____

1. Full Name _____
2. Address _____
3. City _____
4. State _____
5. Zip _____
6. Home Phone: _____
7. Work Phone: _____
8. 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: _____

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

6. 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 _____

3. Comments: _____

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

Signature of Applicant

Date