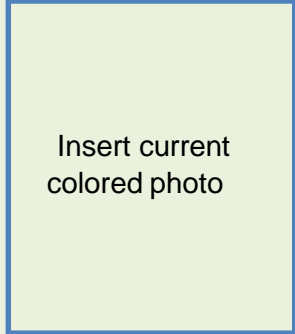


## Community Volunteer Services-Tanzania



### Internship Application Form

**INSTRUCTIONS:** Please Print and provide all information below and answer each question clearly and completely. Read carefully and follow all directions. Do not attach CV. Only the information provided in this form will be considered. TYPE OR PRINT IN INK.

#### 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)
- 2. Afternoons (Mon-Fri)
- 3. Evenings (Mon-Fri)
- 4. Weekends
- 5. Once a week
- 6. More than Once a Week
- 7. One time only as needed
- 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 background check.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

=====  
*Office Use for Confirmation:*

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

\_\_\_\_\_  
Date

**If you have something more in mind, Please, share with us for your preparation.**


**Thank you so much for your cooperation.**