

Application for Short-Term Volunteer Service to Uganda

Ssejinja Children's Foundation
P.O. Box 775
Pleasant Grove, UT 84062-0775
801-687-2003

I. Applicant Information

Please print clearly.

Name (as listed on your passport)	
Nickname	
Date of Birth mm/dd/yy	
Address	
E mail address	
Phone # Home	
Phone # Work	
Occupation	
Dates you want to volunteer	
Hobbies & Interests	
Special Training or Degrees	
Other Special Skills	
Areas of Interest (teaching, sewing, carpentry, art, sports, music, etc)	
Name, address, phone # of person to contact in case of emergency	
Relationship of person listed above	
Please list any medical conditions you have that may restrict your activities	
Any allergies?	
Please list any medication you take regularly	
How did you hear about The Ssejinja Children's Foundation?	

Ssejinja Children's Foundation

II. 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 The Ssejinja Children's Foundation.
3. Please describe any past volunteer experiences you have had. Include the names of organizations, responsibilities and accomplishments.
4. Have you traveled overseas before this? 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 a The Ssejinja Children's Foundation team.
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?

III. Using a scale from 1-10 with 1 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 and be solely responsible for 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. _____

Ssejinja Children's Foundation

- 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. _____

IV. Please complete the following sentences: (please 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

V. Please describe what you hope to learn from this experience, what you hope to contribute and what you hope to accomplish.

Learn:

Contribute:

Accomplish:

VI. List three references, 2 from work type experiences and one personal. No relatives, please. These should be people that you would be comfortable with us contacting.

Name Phone # (include area code) Relationship

- 1.
- 2.
- 3.

If you are selected as a The Ssejinja Children's Foundation 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 The Ssejinja Children's Foundation are my responsibility.

I understand that responsibility for medical insurance and cost of healthcare during volunteer service with The Ssejinja Children's Foundation is solely my own.

I understand that The Ssejinja Children's Foundation 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 The Ssejinja Children's Foundation staff.

Ssejinja Children's Foundation

I understand that this application must be reviewed and accepted by The Ssejinja Children's Foundation before I am selected for volunteer placement. I understand that submitting an application does not guarantee placement.

The Ssejinja Children's Foundation 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 The Ssejinja Children's Foundation from any responsibility, of material loss or personal injury of any kind, to myself 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: _____ mm/dd/yy _____

Signature of Legal Guardian: _____

(For volunteers under the age of 18)

Print name of legal guardian: _____

Thank you for your interest in The Ssejinja Children's Foundation Volunteer work in Uganda. 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.