



Intern/Volunteer/Participant Application Form

(Please Print)

Date: ____ / ____ / ____

Name: _____

Permanent Address: _____
Street/P.O Box City State Zip Code

Permanent Telephone: _____

Project Site:

If you have typed your resume or curriculum vitae, which covers 1 & 2 below, please send it to us, by email if possible, instead of filling out this section. Please complete the rest of the form. Use additional paper if necessary. ***Please include also a recent photograph of yourself when you return this form to us.***

- 1. What is your educational background? Begin with secondary education unless important technical skills were learned earlier. Include academic, practical and professional training. List classes you have taken in the area of international development and foreign languages. Include level of classes.**

- 2. What is your past work experience? Include employer, job description, and dates of employment.**

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8. Please describe what you hope to gain from your participation in this program.

9. What prompts or motivates you to do this at this point in your life?

10. What do you need or expect to have from Uongozi for a good experience in Kenya?

11. Do you have any foreign language skills?

Which Language(s)? _____

12. Do you have a valid passport? Yes No

If not, have you applied for one? Yes No

What is your passport number? _____

13. Please provide us with the following health information.

- Birth Date: _____/_____/_____
- Gender: _____
- General Physical Condition: _____

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➤ Do you have any healthy problems or requirements? _____

➤ Please describe any allergies including medicines, animals, food etc.:

a) List all prescription medications and indicate what they are for.
(You are responsible to ensure you have adequate supply of these medications for the time you are participating with Uongozi).

b) Do you have any special dietary needs (vegetarian, etc.)? If so, please explain:

c) Please describe any other health problems or requirements

Are you willing to walk long distances under challenging weather conditions? (In Kenya participants/volunteers regularly walk 1-2 miles in hot dry conditions).

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What kind of experience do you have with outdoor adventures? Please describe challenging situations.

Name of personal Physician: _____

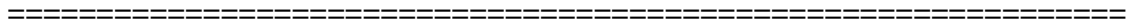
Telephone: _____

Emergency Contact Person: _____

Relationship to you: _____

Telephone: _____

14. Is there anything else you would like to tell us about yourself?



KARIBU Kenya Hakuna Matata
(Welcome to Kenya, there is no trouble)



Travel Insurance Requirements

Uongozi – Center for NGO Studies, Leadership & Management requires you to obtain travel insurance for the period you will be a **Uongozi** volunteer. If you are not familiar with travel insurance, search information on the two separate travel insurance policies: The Travelers Insurance Travel Park, and the International Medical Group (IMG) Partiot International Policy. You are required to use either of these particular insurance policies. Below are conditions that **Uongozi** requires from your insurance.

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Travel Accident and Sickness

Uongozi requires that you have accident and sickness insurance. Many health insurance policies will cover you against accident and sickness while you are in another country. Please check with your insurance provider to see if you are covered outside your home country. If you are not, you may not need to purchase travel and sickness coverage. **Uongozi** cannot specify the amount of coverage you should obtain. You should consult with the travel insurance of your choice to determine how coverage you should purchase.

International Emergency Evacuation

Uongozi requires this type of insurance. International Emergency Evacuation means that you would be covered in case of medical emergency necessitating your air evacuation to your home country. This type of coverage is almost never included in the traditional health insurance policies. Please purchase this coverage through a travel insurance agency and consult with them to determine the amount of coverage you should obtain. Please note that in the red, white and blue travelers Travel Insurance Pak, International Emergency evacuation coverage is included with the Trip Cancellation coverage. Please purchase a trip Cancellation coverage if you would like to buy your International Emergency Evacuation coverage through this agency. This coverage is also included in the IMG Policy.

Travel baggage and Trip cancellation

This type of coverage is not required by Uongozi, but is highly recommended. Please fill out, sign and return this form to Uongozi **at least 21 days before departure.**

Proof of Insurance: I hereby certify that I have obtained the following insurance coverage.

Carrier

Other Carrier _____ (name of company) _____

Coverage

Travel Accident _____ Amount _____ Travel Baggage _____ Amount _____

Optional Sickness _____ Amount _____ Trip cancellation _____ Amount _____

Emergency Evac. _____ Amount _____

Insurance Company telephone number to be called in case of emergency: _____

I hereby certify the accuracy of the above information.

Signature: _____ **Date:** ____ / ____ / ____

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Type or Print name: _____

Uongozi is not responsible for any arrangements outside of your participation on the **Uongozi** program. On the Short-term project, **Uongozi** will not give any refunds for portions of the project not attended by the volunteer. **Uongozi-Center for NGO Studies, Leadership & Management** reserves the right to refuse admission to or expel anyone who is a danger to the environment, him/herself or others, for gross misconduct, or who, in the opinion of **Uongozi** or its agents, is unable for any safety reasons or satisfactorily complete the service project.

International transportation to and from Kenya is the responsibility of the volunteer. Local transport for project-related activities is the responsibility of **Uongozi**. **Uongozi** staff and volunteers use local transport to the field. There are computers and other office supplies provided by **Uongozi** management. **Uongozi** pays for a one-day safari for all volunteers; overnight costs are the responsibility of the volunteers. The participants/volunteers pay for any other safari trips although **Uongozi** management helps in making arrangements.

Cancellation

If for any reason you need to leave the project site during your stay, **Uongozi** is not responsible for lost fees. Volunteers should consider trip cancellation insurance for a possible refund on a trip cancellation.

Release

I have read the informational material given to me, and I fully understand the nature of the service project and accept the risks involved. I understand that although **Uongozi – Center for NGO Studies, Leadership & Management** will use care in the selection of transportation companies, agencies, facilities, and services, and exercise precautions for the safety of all volunteers and their personal property, there are certain risks inherent in **Uongozi – Center for NGO Studies, Leadership & Management** Projects. I agree to release **Uongozi** and its agents of any and all liability and responsibility of any nature for any loss or damage to property or personal injury incurred by me while participating in a **Uongozi** project. I give permission to **Uongozi –Center for NGO Studies, Leadership & Management** to use my photography and creative writing in promotional, documentary and educational publications.

Agreement Not to Sue

I hereby agree that neither I nor any of my heirs, family members, or representatives will sue **Uongozi-Center for NGO Studies, Leadership & Management**, or any of their

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staff, contractors, representatives, collaborators, or make a claim for illness, injury or death resulting from negligence (but not reckless, willful or fraudulent conduct) of Uongozi, any of their staff, representatives or collaborators. If anyone e.g. you, a family member, spouse etc., sues Uongozi or any of its staff, collaborators, or representatives because of injury to you or damage to your property, you or your estate will reimburse Uongozi or any of its staff, collaborators or representatives for all judgments and costs, including reasonable attorney fees. You may sue for intentional acts, or gross misconduct.

I have read this Contract agreement (Seven Pages) in its entirety. I agree to its terms and have made a copy for my records.

Signature of Applicant: _____ **Date:** ____ / ____ / ____

Name as it appears on the Passport (*please print*): _____

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