

► **PLACEMENT INFORMATION**

- **Location:** Windhoek, Namibia
- **Timeline:** early September 06– early March 07
- Are there any dietary or physical conditions that we should know about when placing you (including allergies, stamina, ability to cope with heat)?

► **SKILLS**

Use the following checklist to tell us about your skills. Please rank your skill level and tell us the number of years of experience you have in each area.

Skill level rankings:

1 = Competent: I have enough work experience in this area to do the work myself

2 = Highly Competent: I have enough experience in this area to train others

Fundraising	Skill Level	Years Experience
Grant writing		
Donor research		
Report Writing		
Event Planning		
Other:		

Computer Technology	Skill Level	Years Experience
Computer Training: Please list programs in which you are proficient		
Word Processing		
Spread sheets		
Database management		
Desktop publishing		
Website Development		
Computer software development		
Installation of networks (LANs)		
Assess hardware needs		
Assess software needs		
Other:		

Small Business	Skill Level	Years Experience
Cash management procedures		
Business plans		
Marketing		
Bookkeeping		
Accounting		
Other:		

Microfinance	Skill Level	Years Experience
Loan portfolio management/tracking		
Formulation of credit policies		
Savings Programs		
Other:		

Public Health	Skill Level	Years Experience
Environmental sanitation/potable water		
AIDS prevention		
AIDS care		
Nutrition		
Other:		

Social Work & Community Organizing	Skill Level	Years Experience
After school programming (please specify)		
Community outreach:		
Homelessness		
Sex workers		
Drug and alcohol addiction		
Legislative Advocacy		
Human rights work (please specify)		
Other:		

Education	Skill Level	Years Experience
Preschool		
Elementary School (K – 6 th grade)		
Middle School		
High school		
ESL training		
Special education		
Teacher training		
Music/arts/drama		
Curriculum development		
Preparation of materials (print or audiovisual)		
Teen/youth development and outreach activities		
Other:		

Other Relevant Skills:

The skill areas above are NOT necessarily the only ones available for placement. In the space below (and you may attach additional pages), please describe other skills and professional strengths that you possess.

The African Partners Program

Health Form

Name: _____ Date of Birth: _____

Male Female Height _____ Weight _____

Please give us the name, address and telephone number of your physician in case of an emergency.

Physician's name _____ Telephone _____

Address _____

As a CADRA volunteer, you will be required to have a medical clearance by your personal physician.

Please answer the following as completely as possible.

1. Do you have or have you has, in the past three years, any disease or condition which has required surgery, medication, hospitalization or other treatment?

Yes No If yes, please explain _____

2. Do you take any medications?

Yes No If yes, please list _____

3. Have you ever experienced or been treated for any psychiatric or mental health problem?

Yes No If yes, please explain _____

4. Do you have any of the following? If yes, please explain (you may use the reverse side of this page).

Allergies Yes No To what? _____

Asthma Yes No Have you used Epinephrine or been hospitalized? _____

Diabetes Yes No Do you require insulin or oral medication? _____

Epilepsy Yes No Explain _____

Heart Trouble Yes No Explain _____

5. Do you have any other medical condition(s) that may affect your volunteer participation in-country or in your program assignment?

The information contained in the Health Form is complete and accurate to the best of my knowledge.

Signature _____ Date _____

All medical records will be kept confidential by Canada-Africa Development and Relief Agency .

▶ ***INTERNATIONAL TRAVEL and CROSS-CULTURAL EXPERIENCE***

Please list any cross-cultural experiences you have had. Please be sure to include any study abroad programs, international travel and volunteer or work experience. Please list your experience in reverse chronological order, including dates and brief purpose of visit.

Country	Dates	Purpose/Program
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▶ ***COMMUNITY and VOLUNTEER INVOLVEMENT***

Include social, professional, religious, and neighborhood projects and programs, highlighting volunteer activities. Please do not repeat activities already listed on your resume.

▶ ***PERSONAL MOTIVATION STATEMENT***

Please use separate paper to write a 1-2 page statement about yourself that will give us insight into:

- why you wish to participate in the African Partners Program;
- what you would contribute as a representative of the Canadian nation while overseas, and as a CADRA representative both abroad and upon your return to Canada;
- what you think would be most challenging for you as a volunteer traveling independently in the developing world;
- Your background and interest in group work and facilitation;
- Your hobbies, interests, and what you do for fun.

▶ ***LEGAL INFORMATION***

Have you ever been convicted of any crimes, excluding minor traffic violations?

Yes No

If yes, please explain:

► **REFERENCES**

Before we review your application, we will require three completed references. Please download the reference form from our website and send it to those who will complete it for you. They should return the form directly to Canada-Africa Development and Relief Agency. List the names of your references below. Please include at least one past or present supervisor and one reference who knows you in a professional context, either as a colleague or supervisor. Please do not list family members.

Name	Relationship

► **INSURANCE AND EMERGENCIES**

In order to volunteer with CADRA, you must have comprehensive health insurance that will cover you while overseas. If you don't currently at the time of this application, please be aware that you will be required to obtain health insurance at your own expense.

Please give us the name of your health insurance carrier, policy number, and type of coverage in the space below:

Carrier: _____ Policy #: _____

Coverage type: _____

Will it cover you for medical care overseas or for any illness or injury you may contract while overseas? Yes No

Please give us the names of two people who will not be accompanying you to contact in case of emergency. (Please include at least one family member.)

Name: _____ Name: _____

Address: _____ Address: _____

Phone (day) _____ (eve) _____ Phone (day) _____ (eve) _____

Relationship: _____ Relationship: _____

► **STATEMENT OF ACCURACY and OBLIGATION**

I understand that, as a CADRA volunteer, my involvement with CADRA does not end upon my return. I will complete a written evaluation of my experience, write a 500-word essay describing my experience, participate in a one-hour debriefing conversation with CADRA staff and, if possible, submit photographs of my experience. I also understand that CADRA volunteer alumni are encouraged to speak and write about their experiences in an effort to help educate the Canadian people about Africa and the work of CADRA.

The information contained in this application is complete and accurate to the best of my knowledge. Any willful misinformation may be cause for disqualification or termination as a CADRA volunteer.

Signature

Date