

Should I apply to the Canada-Africa Development Corps?

Thank you for your interest in the Canada-Africa Development Corps. Before applying, we suggest that you consider the following questions. Qualified volunteers should be able to answer “yes” to a majority of these questions. If not, we encourage you to contact a member of the Canada-Africa Development Corps staff to learn about other volunteer opportunities at Canada-Africa Development and Relief Agency.

Do you have a set of professional skills in one or more of the areas listed on the “Skills Sheet” in the application?

Do you have experience training others?

Have you traveled or lived in the developing world?

Would you be comfortable traveling by yourself and living on your own in the developing world?

Do you have experience working in a culture different from your own?

Are you comfortable working in an environment in which there is a high level of ambiguity and uncertainty?

Canada-Africa Development Corps Application Checklist

Upon submission of your Canada-Africa Development Corps application, please include the following:

Fully completed application (including short answer questions and personal statement)

Health Form, completed by you. Please note that if you do participate in our program, we will require a detailed health form completed by your doctor.

Resume: Email a Microsoft Word or PDF version of your resume to volunteer@Canada-Africa.org. Put in the subject line "Your Name: Resume." If you do not have a resume on the computer, please mail us a paper copy with your application. In addition to your work experience, please include all college and graduate level areas of study and any technical training or licenses you feel are relevant.

References – Please download the reference form from our website. Ask your three references to fill it out and return it directly to Canada-Africa Development and Relief Agency. If you prefer to return your application by mail with your reference forms enclosed, please ask your references to seal the completed form in an envelope and sign across the seal. Reference forms received directly from the applicant in any other fashion will not be accepted. We may schedule an interview before we have received any or all of your references, but we will not move forward in the process until we have received all three.

► **PLACEMENT INFORMATION**

Canada-Africa Development and Relief Agency volunteer placements are offered only in Africa. The length of assignments range from two months to a year. Please help us with our placement planning by answering the following questions:

1. What is the length of placement you would consider?

Minimum number of months: _____ Maximum number of months: _____

2. When are you available (month(s), year)?

Available for departure between _____ and _____

Must complete assignment by: _____

3. Please list your country or regional preferences.

4. Are there any countries or regions where you would not be willing to serve with Canada-Africa Development and Relief Agency? Why?

5. Are there any dietary or physical conditions that we should know about when placing you (including allergies, stamina, ability to cope with heat?)

► **FOREIGN LANGUAGE**

Please tell us about your knowledge of languages other than English. Use the following chart to rate your abilities.

Language	Beginner	Conversational	Fluent	Native Proficiency
Spanish				
French				
Portuguese				
Swahili				
Other (please specify)				

► **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

Organizational Development & Strategic Planning	Skill Level	Years Experience
Institutional strategic planning		
Needs assessment, program planning, program evaluation		
Staff training		
Financial audits		
Accounting		
Financial management procedures		
Public relations		
Project planning		
Board Development		
Newsletters (writing and editing)		
Other:		

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)		
Word processing		
Spreadsheets		
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		
Artisan work & handicraft business		
Marketing		

Product Costing		
Feasibility studies		
Bookkeeping		
Accounting		
Product Quality control		
Import/export		
Cost-Benefit Analysis		
Consulting		
Other:		

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

Health Care	Skill Level	Years Experience
Planning of primary health care (PHC) programs		
Family planning		
Pediatrics		
Midwifery		
OB/GYN		
Hospice Care		
Occupational therapy		
Physical therapy		
Dentistry		
Optometry/ophthalmology		
Other:		

Public Health & HIV/AIDS	Skill Level	Years Experience
Environmental sanitation/potable water		
AIDS prevention		
AIDS care		
Nutrition		
Vaccination		
Breastfeeding		
Growth monitoring for infants		
Diarrheal disease control		
Infectious disease control		
Other:		

Mental Health	Skill Level	Years Experience
Individual therapy		
Family therapy		
Group therapy		
Behavioral therapy		
Domestic violence counseling		
Rape counseling		

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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.

▶ ***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 serve with the Canada-Africa Development Corps;
- what you would contribute as a representative of the Canadian nation while overseas, and as a Canada-Africa Development and Relief Agency 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 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 to 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 Canada-Africa Development and Relief Agency, 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: _____

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

Relationship: _____ Relationship: _____

► **STATEMENT OF ACCURACY and OBLIGATION**

I understand that, as a Canada-Africa Development and Relief Agency volunteer, my involvement with Canada-Africa Development and Relief Agency 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 Canada-Africa Development and Relief Agency staff and, if possible, submit photographs of my experience. I also understand that Canada-Africa Development and Relief Agency 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 Canada-Africa Development and Relief Agency.

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 Canada-Africa Development and Relief Agency volunteer.

Signature

Date

Canada-Africa Development Corps

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 Canada-Africa Development and Relief Agency 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.