



125 E Main St #402 * American Fork, UT 84003 * 801-796-5535

www.motherswithoutborders.org

Application for Volunteer Expedition

Revised 10/2007

I. Applicant Information

Please print clearly.

TODAYS DATE	
Name (as shown on passport)	
Name you would like to be called	
Date of birth: mm/dd/yy	
AGE	
Mailing address	
Home phone	
Work phone	
Cell phone	
Email address This is critical, most communication will be via email!	
Occupation	
Dates you wish to volunteer	
Hobbies/Interests	
Special training or degrees	
Areas of Interest (teaching, sewing, carpentry, art, sports, music, etc)	

Name, email, 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	
Please list any special dietary needs that you have	
How did you hear about Mothers Without Borders?	

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. Please complete all of the questions. If a question does not apply to you then mark N/A in the space provided. Feel free to keep answers brief but informative.

1. What motivates you to be involved in humanitarian service?

2. Tell us why you selected Mothers Without Borders.

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. 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?

IV. 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. _____
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. _____

V. 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

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

Learn:

Contribute:

Accomplish:

If you are selected as a MWB volunteer, a \$500 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 Mothers Without Borders are my responsibility.

I understand that responsibility for medical insurance and cost of healthcare during volunteer service with Mothers Without Borders is solely my own.

I understand that Mothers Without Borders 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 Mothers Without Borders staff.

I understand that this application must be reviewed and accepted by Mothers Without Borders before I am selected for volunteer placement. I understand that submitting an application does not guarantee placement.

Mothers Without Borders 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 Mothers Without Borders 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 Mothers Without Borders Volunteer work in Zambia. Please return your completed application to the address listed on page one. We will do our best to review your application within 30 days of receipt. We look forward to working with you!