



125 E Main St #402
American Fork, UT 84003
www.motherswithoutborders.org

UKWENDA

Walking as One with the World

Application for Zambia Youth Expedition

I. Applicant Information

Please print clearly

TODAY'S DATE	
Name (as shown on passport)	
Name you would like to be called (nickname)	
Date of birth: mm/dd/yy	
AGE	
Mailing Address: # Street, City, State, Country and Zip or Postal Code please	
Major Airport from which you will be departing and returning.	
Home & Cell Phone #'s	

<p>Email address: This is your primary method of communication from us!</p>	
<p>Hobbies/ Interests</p>	
<p>Name, email, phone # of person to contact in case of emergency.</p>	
<p>Relationship to you of person listed above.</p>	
<p>Please list any medical conditions you have that may restrict your activities.</p>	
<p>Any allergies?</p>	
<p>Please list any medications you take regularly.</p>	
<p>Please list any special dietary needs that you have.</p>	
<p>How did you find out about this program? How did you find out about Mothers Without Borders?</p>	
<p>Please list any other programs in which you have participated. Ie. Anasazi, Outback, Choice, mission trips, etc. Dates you participated.</p>	

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. What are your expectations of this expedition?
3. What do you feel you will bring to the group?
4. What did you learn through any other programs you've experienced?

How might that relate to Africa?

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 very excited to do whatever I can to help in Zambia. _____
2. I am not sure what I am doing but I love adventure. _____
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. _____

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

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:

Please read the following and sign at the bottom to complete your application.

- I understand that all costs for the volunteer experience with Mothers Without Borders are my responsibility.
- 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 agree to follow all instructions and safety procedures as outlined or presented by MWB staff or Team Leaders while I am part of a Mothers Without Borders Team.
- I understand that MWB has the right to evacuate any participant who does not follow the instructions or safety procedures for this program. No refund will be given to any participant who is evacuated for violation of safety procedures, as determined by MWB staff.
- 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. I understand that international travel carries certain risks.
- 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.

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 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: _____

Questions? Please contact a Team Leader:

Jakapo Nelson * 801-735-9153 * jakapo@gmail.com

Ramsay Beecher * 801-787-0803 * ramsaybeecher@gmail.com

Liz Drake * 801-318-2189 * lizzy.drake@gmail.com

Please send your completed application to: Mothers Without Borders, 125 E. Main St. #402, American Fork, UT 84003. You will be contacted by a Team Leader for an interview. You can learn more about MWB by visiting our web site at www.motherswithoutborders.org Thank you!