



Nurturing Minds & Segha Girls School Application for Service Learning Program

NAME:

AGE:

ADDRESS:

EMAIL:

PHONE: Please indicate primary phone Home:Work:Cell:

DATES AVAILABLE TO VOLUNTEER AND DURATION OF VOLUNTEER PERIOD:

Will you be volunteering with a friend or family member? If so, please list the person's name and relationship to you:

OBJECTIVE OF VOLUNTEER:

What do you hope to get out of this experience?

What would you like to do at the Segha Girls School ? (indicate if you are applying for a specific position)

Please indicate the areas in which you would like to volunteer AND give experience you have had in each of the areas chosen:

Education

Subjects
Health
Nutrition
Public Health awareness: AIDS/HIV, malaria, water safety
Sports - please list

Agriculture:

Composting
Livestock
Organic farming
Tree planting

Arts:

Arts and crafts
Dance
Film/photography
Music
Youth theater

Business:

General business
Marketing
Micro-credit

Technology:

Computer training (software)
Computer training and repair (hardware)

If you are interested in an area not listed above, please explain below:

Please provide a short biography that touches on the following subjects:

- (a) any skills, education or work experience that may be relevant to the areas in which you would like to volunteer
- (b) any previous travels abroad and cross-cultural experience
- (c) your talents and hobbies
- (d) your personal future goals

Please attach a resume or curriculum vitae.

Please give three references (names, email address and telephone number).

Please choose least one reference, who is best able to address what you plan to do at Sega School

OTHER CONCERNS

Do you have any difficulties dealing with extreme heat, insects, or food that is different from your regular diet? If so, please describe:

Please list any food allergies or medical conditions:

Do you have any concerns or fears about participating in this program?

EMERGENCY CONTACT INFORMATION:

Contact Name and Relationship:

Street Address:

Home phone number:

Cell phone number:

Email address:

SIGNATURE

By signing below, you attest that the information you have provided to Nurturing Minds is accurate to the best of your knowledge.

Name:(printed)

Signature:

Date:
