



# LIVINGSTONE VICTORIA FALLS INT'L VOLUNTEER PROGRAM

## Volunteer Application Form

Please select the specific volunteer program you wish to undertake and fill the code in the following section:

Code for Volunteer Program \_\_\_\_\_

### **Contact Details**

Surname:

Forename(s):

Address:

Date of Birth:

Gender:

Nationality:

Telephone:

E-Mail:

### **IN CASE OF EMERGENCY**

Name of Next of Kin:

Address:

Telephone:

Email:

### **Volunteer Program Information**

**What motivated you to volunteer with LVVP?**

(Tick as many boxes below as you want)

[Type text]

- |  |   |
|--|---|
| <input type="checkbox"/> Personal and professional development | <input type="checkbox"/> Helping people       |
| <input type="checkbox"/> Intercultural Exchange                | <input type="checkbox"/> Social opportunities |
| <input type="checkbox"/> Other – please specify                |   |
- 

**Which months would you be available for volunteer work?**

- |                                  |                                   |                                    |                                  |                                   |                                   |
|----------------------------------|-----------------------------------|------------------------------------|----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> January | <input type="checkbox"/> February | <input type="checkbox"/> March     | <input type="checkbox"/> April   | <input type="checkbox"/> May      | <input type="checkbox"/> June     |
| <input type="checkbox"/> July    | <input type="checkbox"/> August   | <input type="checkbox"/> September | <input type="checkbox"/> October | <input type="checkbox"/> November | <input type="checkbox"/> December |

**If you decide to take part on a volunteer program where we have specific dates, please fill in the start date here.**

Start Date: \_\_\_\_\_

**How long do you wish to stay in the volunteer program?** (If you wish to stay longer or you have another desired period of time, please write it down in the last section.)

- |                                 |                                  |                                  |                                  |                                  |                                     |
|---------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|-------------------------------------|
| <input type="checkbox"/> 1 week | <input type="checkbox"/> 2 weeks | <input type="checkbox"/> 3 weeks | <input type="checkbox"/> 4 weeks | <input type="checkbox"/> 5 weeks | <input type="checkbox"/> ____ weeks |
|---------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|-------------------------------------|

**How did you hear about the Livingstone Victoria Falls Volunteer Programs?** (Please write it down)

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**What experience, skills, qualifications and level of education do you have that you would like to use for your volunteer work?** (Please write it down)

**Have you ever volunteered in Zambia before?**  Yes  No

**If yes, please tell us where and what you did?**

**Do you have any physical limitation, allergy or illness which would impact on your volunteer work?**

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

**If yes, please specify.**

## **References and Educational Background**

Have you completed your studies?

Yes  No

If yes, please give us information about your place of study and your main subjects.

If you worked in the last 3 years, please give us brief information about your position and at least one referee.

**Referee one**

**Referee two**

Name

Name

Address

Address

Position

Position

## **Declaration**

I understand that the requested information on this form will be used to contact applicants and to interview, screen and select them for volunteer assignments. I agree that LVVP will use this information about me for volunteering reasons only and to keep in touch with me.

Please note that Volunteers are not considered to be employees of LVVP

Furthermore I agree to the conditions stated below.

1. The information in my application form is true and correct. Any false or misleading information may lead to immediate dismissal from the program.
2. I am responsible for all fees and costs associated with program costs such as international travel, visas, health inoculations and immunizations and additional insurance.
3. I read and understood the payment requirements for the LVVP Volunteer program and will fulfil them accordingly.
4. All information and program fees are correct at the time of publication. However it might change because of currency fluctuations or other unforeseen circumstances. These will be communicated to you in advance.
5. I understand that if a program is cancelled due to insufficient participation or unforeseen circumstances, I can choose another program and pay or receive the difference of the new program fee.
6. I understand and agree that I have to fulfil the agreed working hours on a daily or weekly basis as signed in my volunteer contract and expected by the organization.

[Type text]

7. I also agree that LVVP is not responsible for any financial obligations or liabilities that I may incur or any damage or injury to me, other volunteers or property of others that I may cause while participating in the program.
8. I am in a good physical and mental health and I have no special medical or physical conditions, nor any special needs or requirements which would impede my participation in the program.
9. If I have special dietary requirements or food and medical allergies I will give correct information in advance to LVVP.
10. While every care will be taken by LVVP, I understand that LVVP will not be held accountable for any loss or theft of any of my personal possessions during this program.
11. I understand that all personal travel before and after the volunteer program will be at my own cost.

### **Program Fee Payment and Cancellation**

As soon as we receive your application, you will receive an invoice of your program fee. To start the placement process in one of our volunteer programs we require 50 % of your program fee in which a non-refundable deposit of 100 US\$ is included. After your full payment at least 2 weeks before your desired start date we will confirm the placement in our volunteer program. Non-receipt of payment will result in automatic withdrawal from the program and subject to cancellation and refund policy.

We recommend submitting your application and program fee at least 2 months in advance before your desired start date to help LVVP organise and arrange your volunteer work.

After confirmation of payment all program placements are guaranteed. If we cannot place you at the requested time, we will refund your program fee. LVVP is not responsible for any international transportation, visa or health related cost that may have been incurred by the volunteer. If the participant wants to cancel the program a written notice is required. Cancellation Fees will be charged at 30% 4 weeks prior to program start, 50% until 2 weeks prior to program start and 80% and until the program start date of the program fee.

I certify that I have read and understood this agreement and that I accept all conditions stated for participation.

**Name of Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_