



Partners for Women's Equality Volunteer Match Application and Profile

Thank you for your interest in and support for women! An application fee of \$75 must accompany your application for placement as a Partners for Women's Equality volunteer. You will be contacted by a program specialist once we have verified the information in your application – usually within 2 weeks. Once your application is approved, we require a \$500 fee to finalize your placement in a partner agency. The balance of your program cost must be paid one month prior to the commencement of your program.

Name _____
Last First Middle

Address _____
Street _____
City State Zip _____
Country of Residence _____

Telephone _____ Cell _____

Fax _____ E-mail _____

Emergency contact _____ Relationship _____

Telephone _____

Are you a U.S. citizen? Yes No

Passport number _____ Expiration date _____

Date of birth (dd/mm/year) _____ Male Female
 Married Single

Have you ever been convicted of a crime? Yes No

PWE has partner agencies in Brazil. Indicate the partner you are most interested in volunteering with:

Education

High school	Year graduated
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Post-secondary	Degree	Year graduated
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Military Service (if applicable)

Branch of service	Dates of service	Rank
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Other international experience?

Yes No

If yes, describe _____

Language(s) spoken _____

Language education is a critical element to making a contribution as a PWE volunteer. Are you open to learning a new language as part of your PWE volunteer experience?

Yes No Comments _____

Employment History

Please list three most recent employers.

Company/organization	Title	Dates employed
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Key duties/responsibilities _____

Company/organization	Title	Dates employed
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Key duties/responsibilities _____

Company/organization	Title	Dates employed
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Key duties/responsibilities _____

Skills

What skills or talents would you be willing to teach or share with our partner agencies? (Please review the skills needed by our international partners.)

Health and Insurance

There are always unavoidable health risks when traveling. For this reason, we ask each participant to assess his/her own health condition and take the necessary health precautions before and during their trip. Volunteers should be able to walk long distances and up and down stairs and endure changes in climate and diet. We may not be able to accommodate people with eating restrictions.

Do you have any health conditions, allergies or other physical limitations that might affect how you are placed if your application is accepted? If yes, please list and describe:

Do you understand that your current health insurance will not cover you while out of the country and that you will be required to purchase travel insurance to cover you? Yes No

Will you require medications while you are out of the country? Yes No

Information for Homestay Placement

Volunteers may be lodged with families near the agencies they are serving. Please provide us with the following personal information so that we can make the best homestay match possible:

Do you have any allergies? Yes No

If yes, please list: _____

List any special dietary needs _____

Do you smoke? Yes No

If no, are you willing to stay in a home with smokers? Yes No Maybe

Additional preferences for homestay:

Why are you interested in a volunteer opportunity with Partners for Women's Equality?

Have you had any experience advocating for women and/or human rights?

Yes No If yes, please describe:

References

Name	E-mail or telephone	How known?
Name	E-mail or telephone	How known?
Name	E-mail or telephone	How known?

Please note:

To respect the safety and security of PWE volunteers and partner agencies, communities and participants, PWE will conduct screening background and reference checks on all applicants prior to acceptance and placement. A birth date and complete first, middle, and last name are required for this purpose.

If you choose to take part in this volunteer program, you agree to provide your own health insurance during the program, to work 32-40 hours per week in our partner organization, and to participate fully in all scheduled activities.

Partners for Women's Equality Volunteer Criminal History Check Form

I, _____, give permission for Partners for Women's Equality to conduct a background check on me which may include a review of sex offender registries, child abuse and criminal history records. I understand that, if accepted, my volunteer position is conditional upon PWE receiving no information on my background that would indicate I am unsuitable for the position and organization.

Applicant signature _____ Date _____

Name (print) _____
Last First Middle

Date of birth (mm/dd/yyyy) _____