

SAVE AFRICA NOW



USA: P.O. Box 27857 San Diego, CA 9298 | Canada: P.O. Box 37, Oshawa, ON L1H 7K8 | www.SaveAfricaNow.org

STANDARD APPLICATION (for all applicants 18 years of age or older)

PLEASE PRINT CLEARLY

For Group applications, please contact the SAN office @ 1.905.370.0376

Name of Applicant: _____

Email _____

Phone _____ Alt Phone _____

Current Address

Street _____ City _____

State/Prov _____ Zip/Postal Code _____ Country _____

Gender: M or F Date of Birth: _____

Have you already spoken to a SaveAfricaNow (SAN) representative on the phone about volunteering? (Please circle) Yes / No

If so, what was the representative's name: _____

Please be advised that spaces are extremely limited. We encourage you to submit this form as early as possible.

To Be Completed By Applicant:

Please attach pages as needed to answer the questions thoroughly. Please consider your answers to the questions carefully; your response will be sent to the SAN Application Review Committee.

- 1.) What is your personal motivation for participating in the SaveAfricaNow volunteer program? (200 words minimum).
- 2.) Volunteers are given a great amount of freedom and flexibility to create their own experience independently. Why do you think you are well suited for this program? Please support your answer with examples. (300 words minimum).
- 3.) Please list any previous volunteer experiences.
- 4.) Please list previous international travel experience and note whether travel was independent or accompanied by friends or family.

Please read each section and **initial** each box:

___ I understand that the SaveAfricaNow volunteer program is designed for mature individuals who will live and work in a country with different regulations and culture and requires a great degree of self-supervision.

___ I understand that the program includes free time when SAN does not have any structured programming. This often occurs evenings and weekends where you are free to independently explore the community or travel the country.

___ I understand that laws governing legal drinking age, legal driving age and legal age of consent are different in the country for which we are applying. While laws of the host country must be respected, SAN policies are based on US laws, and SAN expects volunteers to adhere to these SAN laws, and is not liable if you deviate from these policies.

Please Circle A Duration Period:

Program Start Date is September 18, 2007

Duration	Volunteer Fee
2 weeks	\$1,949
3 weeks	\$2,244
4 weeks	\$2,539
5 weeks	\$2,834
6 weeks	\$3,129
7 weeks	\$3,424
8 weeks	\$3,719
9 weeks	\$4,014
10 weeks	\$4,309
11 weeks	\$4,604
12 weeks	\$4,899

Program Fees are in USD

Please read our section 'What does the Fee Cover?' for more details regarding the program fee. If you are planning on doing some fundraising please review our Fundraising Guide for the USA or Canada.

Program Fees are 100% tax-deductible for US and Canadian residents.

Payment Options: Credit Card or Cheque (please do not send cash in the mail).

Name (as appears on credit card) _____

The credit card holder is:

- The volunteer enrolling in the SAN Task Force Team program.
- A Sponsor. Please enter the card holder's email to receive a receipt.

Please Circle the card type: Visa MC Amex Discover

Card number: _____ Expiry(mm/yyyy) _____ 3 or 4 digit CVC code _____

Address _____ City _____

State/Prov _____ Zip/Postal Code _____ Country _____

- \$295 program deposit
- \$1949 full payment
- Other Amount \$ _____ (deposit, plus an additional portion of the program fee)

Signature of card holder _____

By signing you agree to the terms and conditions laid out in the SaveAfricaNow Task Force Team manual regarding fees, discounts, refunds, etc.

Date: _____

Please submit a scanned copy of the following to **SaveAfricaNow** by email, fax, or post:

- Both pages of this signed application
- Attached answers to questions
- One letter of reference from a non-relative

Email Address: AdministrationVolunteer@SaveAfricaNow.org

Fax Number: +1 (866) 816-2640

Mailing Address: PO Box 328, Niagara Falls, ON, L2E 6T8, CANADA

Applicant's Signature: _____

OFFICE Use Only

Date application received: _____

Application read by: _____

Y N P