Learning Service Programs | Human Force

Application Form

THANK YOU for your interest in the next Human Force Program!

To get started we will need some information from you. Please provide us with the information below to the fullest extent possible. Please provide as complete and well-rounded a reply as you can to each question to give us a sense of who you are, what motivates you, what your capabilities are, and what relevant experience you have.

Also, please keep in mind that you will be responsible for fundraising or otherwise financing your own travel expenses and program fees.Additional grants may be solicited on an individual basis through other organizations, and financial assistance may be available on a case-by-case basis. For more information on where to look for external funding or for general questions about the application form, contact us at [hellohumanforce@gmail.com](mailto:hellohumanforce@gmail.com)**.** We can also give you tips and advice on fundraising!

**Please submit your application to the above email address at your earliest convenience, and at the latest by 15th April 2021. You will be contacted within two weeks of our deadline, at the latest, to either set up a telephone or Skype call to let you know the next steps. Please bear in mind that we consider and accept applications as they come in and that places are limited to 14 participants.**

**Personal Details**

| Name: |  | | |
| --- | --- | --- | --- |
| Address: |  | | |
| Email: |  | Date of birth: |  |
| Telephone: |  | Nationality: |  |
| Mobile: |  | Are you a Subud member? |  |
| Preferred mode of interview (Skype or telephone)  If Skype, please give your skype name. | |  | |

**Health and Wellbeing**

This section is designed to make us aware of any medical or health conditions that may affect your participation in the Human Force Volunteer Program.

| Do you have a medical history of any of the following? (YES or NO - If YES, please specify) | | | |
| --- | --- | --- | --- |
| Allergies |  | Asthma |  |
| Diabetes |  | Epilepsy |  |
| Heart Conditions |  |  | |
| Mental Illness |  |  | |
| Are you on any medication?  (Please specify) | |  | |
| Other illness/es not listed that could affect your participation? (Please specify) | |  | |
| Do you have special dietary requirements? (Please specify) | |  | |
| Are you reasonably fit and physically active to carry out manual labour? | |  | |
| Can you swim 200 meters unaided? | |  | |
| Do you have or intend to obtain health insurance for the duration of the camp?  **Medical and/or travel insurance** that covers you for medical care and emergencies **is compulsory.** We will request your policy number at a later date. | |  | |

**Motivation, Experience and Expectations**

| 1. How did you hear about the Human Force program? |  |
| --- | --- |
| 2. Why do you want to participate in this program, and what do you expect to get out of it? |  |
| 3. What previous experience have you had of volunteering? And if so, what would have improved your experience? |  |
| 4. What skills or interests do you have which might be useful in the work of this project? (e.g. gardening, building, language, teaching etc.) |  |
| 5. What languages do you speak? At what level? (e.g. fluent, intermediate, basic) |  |
| 6. Do you have any recognised first aid/medical training? (If so, Please specify) |  |
|  |  |
| 7. Please provide us with a brief background to the following – your work experience, educational studies, personal achievements, and any other information you think is relevant to your Human Force application. |  |
| 8. How do you plan to finance this trip?  *Human Force endeavours to give the most inclusive and authentic cross- cultural experience for all. Therefore most of our subsidies are reserved for local disadvantaged youth to attend our program. International volunteers can still apply for partial aid or seek other subsidies from other organisations. We have a fundraising package and financial aid application available at your request.* |  |
| **Please print your name in the box below and add your signature** to declare that  I. What you have filled in this application is to be true,  II. you are prepared to accept group rules that participants and facilitators make together,  III. that you are prepared to follow the direction of a facilitator, outdoor guide or other given representative of the Human Force concerning your well-being and safety, and  IV. that you will carry out the preparatory work for participation in the Global Awareness curriculum prior to departure  **(Please note that your application will not be considered until you complete this step.)** | |
| **Full Name:**  **Date:** | |

**Thank you for applying,**

**We’ll be in touch shortly!**