

WEST AFRICA AIDS FOUNDATION & INTERNATIONAL HEALTH CARE CENTER

Volunteer/Intern Application Form

Personal Details:

Last name:		First name:	
Middle name:		D.O.B:	
Occupation:			

Residential address	
Contact Tel number (abroad)	
Local Residential Address	
Local Tel number	
E-mail	

- **Would you like to receive our newsletter:** **yes** **no**

- **What language do you speak / read / write other than English:**

German Dutch Spanish Twi:
Ashanti Fante Other:

- **When can you start volunteering/interning?**

- **How long can you volunteer (duration)?**

- **How many hours and which days can you volunteer?**

- **How did you hear of WAAF?**

Our web site

A friend

A relation

Other, explain:

Educational background:

Institution	Course	Qualification	Year of Graduation

Employment history (paid and/or voluntary /internship jobs)

Company	Position	Brief description of your duties	Duration

Volunteering/Interning

What are your reasons for wanting to volunteer/intern at WAAF?

Tick the various areas you would like to volunteer:

- | | | |
|-------------------------------|--------------------------------------|----------------------|
| Data entry | Administrative work | Education |
| Clinical | Website design | Information services |
| Resource Mobilization | Preparation of brochures/newsletters | |
| Home support and hospice care | | |
| Other, like: | | |

Do you have an idea, a program or a project you would want to introduce or implement at WAAF:

Health information

Do you have any physical or medical problem that may limit your ability to perform as an intern /volunteer?

Yes No

If yes please explain:

Are you currently under medical care?

Yes No

If yes, please explain:

In case of an emergency, who should be notified? (Name and telephone number)

Within Ghana:

Abroad:

Your signature / name:

Today's date:

West Africa Aids Foundation

Volunteer/Intern Interview Form

Intern/ Volunteer name:

Contact number:

1. What are your reasons for wanting to volunteer/intern at WAAF? What do you hope to gain by volunteering with us?

2. Do you have any knowledge on HIV/AIDS experience of loss of PLHIV? What is your experience with HIV/AIDS?

3. What work, either paid or unpaid have you enjoyed?

4. How would others who have worked with you describe your approach to work? Work habits?

5. What work do you find frustrating. What work or jobs would you rather avoid?

6. We serve a diverse community of people at WAAF (e.g. PLHIV, gay, lesbians, bisexuals, and people from different economic and cultural backgrounds); what is your experience of working with people from diverse communities?

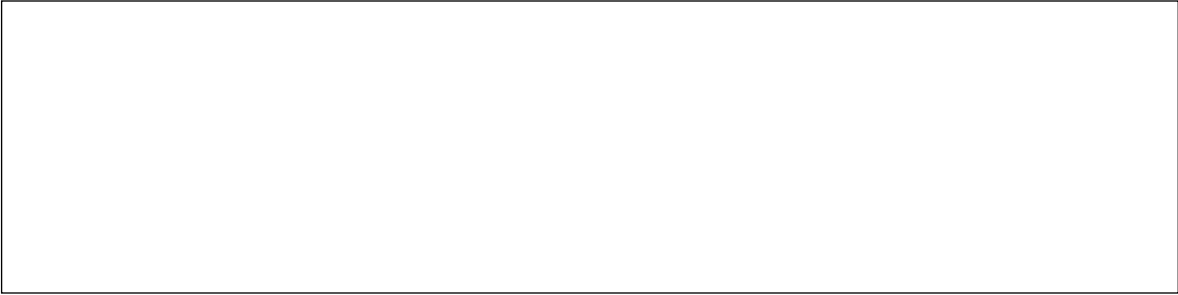
7. Are the people in your life (e.g. partner, family and friends) supportive of you volunteering at WAAF? If you've discussed it with them, how have they responded?

8. Describe the personal qualities you would bring to interning/volunteering

at WAAF

9. How do you handle stress (emotional difficulty)? What are your strategies for self-care support?

10. Are you able to set limits for yourself? Why do you think boundaries are important in volunteering, how would you respond if you were asked to do something you weren't comfortable with?

A large, empty rectangular box with a thin black border, intended for the respondent to write their answer to the question above.

West Africa AIDS Foundation (WAAF)

Volunteer confidentiality agreement

In the course of my work with West Africa Aids Foundation (WAAF), I may learn certain facts of a highly confidential nature about individuals who are part of the organization or are receiving support from WAAF. Examples of such information include names, medical conditions and treatment, finances, living arrangements, employment status, sexual orientation and relations with family members. Names of West Africa Aids Foundation members and volunteers are also considered confidential.

Whether confidential information becomes available to me in the normal course of my duties or in any other manner or through previous contact, I agree to exercise all reasonable care and caution so as not to disclose such information to any person not affiliated with the West Africa Aids Foundation and also not authorized by the West Africa Aids Foundation to have such information without the specific consent of the individual to whom such information pertains.

I further agree to abide by the philosophical and policy guidelines of the West Africa Aids Foundation as long as I am a volunteer/member/board member/staff representing West Africa Aids Foundation. Should my association with WAAF cease, I agree to hold in confidence any confidential information I may have in my possession. I am aware that the continuing obligation to respect confidentiality is enforceable by law.

I have read and understand the West Africa Aids Foundation policies on confidentiality. I understand that a breach of this agreement could result in the termination of my association with the West Africa Aids Foundation and lead to legal actions against you.

Your name / signature:

Your witness:

Today's Date: