



Application to Volunteer Abroad with the Global Initiative Against HPV and Cervical Cancer

Please print out the duly filled form and scan or mail it to us. Send completed application along with your resume and \$25 application fee to: NCCC/GIAHC, PO Box 13827, Research Triangle Park, NC, 27709. Make checks payable to NCCC. Please include "GIAHC Volunteer" in the memo field. For questions regarding this application, contact us at giahc@ashastd.org or 919-361-4863.

BEFORE YOU START

Upon receipt, applications will be screened and selected applicants will be interviewed by GIAHC staff for possible internship/research/volunteer positions. GIAHC does not share or sell personal information.

REFERENCES

Two professional or academic references – not letters of recommendation but rather names and email addresses of college instructors, academic advisers, former or current employers, work supervisors, and volunteer supervisors are required. The email address must match their professional affiliation. GIAHC staff will contact them for references.

FUNDING

Funding your Travel: GIAHC students are usually funded through university fellowships. You can learn about fellowship options by contacting your international fellowship office, advisors, or university departments. Other options for students and non-students include sponsorship by businesses, organizations, friends and family members.

Funding GIAHC Programs: Funding GIAHC programs is an essential part of a Global Coalition member's contribution to developing programs for health education, screening and treatment of HPV and Cervical cancer. All Global Coalition members, once accepted to the program, contribute at least \$1,500 to support GIAHC's programs, except professionals who are fully licensed and fully trained practicing gynecologists and gynecological pathologists who can provide skills transfer to local professionals. This pre-travel contribution, called the "program fee," helps make a significant difference in program development and patient care before your departure. The program fee can either be paid by your institution/organization or you can raise funds from your family and friends. A matching donation from donors' place of employment will also be accepted. A GIAHC staff member will be happy to help you with your questions.

BASIC INFORMATION

Which type of applicant best describes you?

- | | |
|---|---|
| <input type="checkbox"/> Undergraduate student | <input type="checkbox"/> Physician Assistant |
| <input type="checkbox"/> Graduate student | <input type="checkbox"/> Post-Baccalaureate student |
| <input type="checkbox"/> Medical student | <input type="checkbox"/> Business student |
| <input type="checkbox"/> Public Health student | <input type="checkbox"/> Law student |
| <input type="checkbox"/> Undergraduate nursing student | <input type="checkbox"/> Photo or Film student/professional |
| <input type="checkbox"/> Graduate nursing student | <input type="checkbox"/> Educator |
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Social worker |
| <input type="checkbox"/> Nurse practitioner | |
| <input type="checkbox"/> Midwife | |
| <input type="checkbox"/> Medical Resident (specify specialty) _____ | |
| <input type="checkbox"/> Doctor of Medicine (specify specialty) _____ | |
| <input type="checkbox"/> Other _____ | |



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BASIC INFORMATION CONTINUED

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Country _____ Telephone _____

Email _____ Birth Date _____

Age _____ Sex _____ Title _____

PERSONAL INFORMATION

Please list any existing medical or health conditions - physical or mental

Do you have any special eating restrictions / special diets?

Do you have any food allergies? Please discuss the severity.

EDUCATION

Current University Affiliation (if any) _____

Degrees Held with Dates and Names of Universities (Please list all. Use reverse if necessary.)

What are/were your major fields of study during undergraduate and/or graduate school?

Languages spoken and level of fluency (English is essential)

Please provide the names and email addresses of your two professional or academic references

Name _____ Email _____

Name _____ Email _____



VOLUNTEER PROCESS AND AGREEMENT

- I have reviewed and accept all pre-travel and intern/research/volunteer requirements discussed on the first page of this application.
- I know that I am responsible for all travel arrangements, visa, vaccine requirements and purchase of security and medical assistance insurance coverage.
- I understand that I will be responsible for lodging, airfare, food, and any additional expenses. I have been informed of the estimated living, lodging, and food expenses for the program site(s). I understand that the lodging and food expenses are established by third parties who are not under contract for GIAHC and GIAHC cannot control changes. (However, GIAHC will be happy to assist you in these areas).
- I understand that smoking, alcohol, and drugs are not allowed at the program site.
- I understand that if I am 15-17 years of age, I may participate if accompanied by a parent who is also a Global Coalition member and that each of us requires a separate application.
- I understand that GIAHC does not carry any malpractice insurance on my behalf.
- I understand that I will pay a \$25 application fee credited towards the \$1,500 program fee on successful selection.
- I understand that I will be notified about the decision on my application as soon as GIAHC receives my recommenders' responses.

By signing my name below, I certify that all information in my application is complete, factually true, honestly presented, and my own work. I understand and agree that an offer of admission may be rescinded at any time should GIAHC determine that I misrepresented or omitted material information from my application.

I acknowledge that I have read and accept the above declarations.

Printed Name _____ Signature _____

Date _____

DON'T FORGET TO INCLUDE A COPY OF YOUR RESUME / CV AND YOUR \$25 APPLICATION FEE WHEN SUBMITTING YOUR APPLICATION