



VOLUNTEER VISITOR APPLICATION

Completed volunteer applications and signed code of conduct and confidentiality forms should be sent to visit@onehomemanyhopes.org.

Name:
Address:
Email:
Phone:
Citizenship:
Date of Birth:

Please list the name of your health insurance / medical coverage that will be valid during the duration of the trip?

Why would you like to visit Mudzini Kwetu? Please describe your goals for this trip, e.g. what you hope to learn, share and teach. *(150 words)*

Please list any international travel and/or cross-cultural experience you have. Briefly explain two main insights you gained as a result of these experiences *(300 words)*.

One of our goals is to foster social health, emotional growth, leadership development, and academic success among the girls. Please tell us why you think this is important and how you would contribute to this mission. Please tell us about any special talents or skills that you could bring to Mudzini Kwetu, e.g. music, arts, dancing, crafts, embroidery, sports, drama, photography, debate, baking/cooking and how you would share this with the girls *(300 words)*.

Characterize your experience working with youth. What do you most enjoy about working with children and what do you find to be the most challenging aspect of working with children? Briefly describe an important lesson you have learned from your experience with children. *(300 words)*

Please describe any previous involvement you have had with Mudzini Kwetu or One Home Many Hopes (150 words).

We expect our volunteer visitors to see this trip as the beginning of their involvement with One Home Many Hopes, not the peak. Upon return you will be in the position to do what few other volunteers can, share real life experiences with others. As such, we require all volunteer visitors to become financial supporters at \$30/month minimum for at least a year. Additionally, volunteer visitors commit to creating a Breaking Ground fundraising page in the campaign following their visit and to play an active part in their local OHMH chapter for at least a year. To confirm your understanding of this responsibility and to acknowledge your commitment to this, please check here: YES

Please list two references we can contact to learn more about you as a person. One must be a professional reference; the other can be a personal, familial or professional relationship.

Name:
Relationship to you:
Email:
Phone:

Name:
Relationship to you:
Email:
Phone:

How did you hear about OHMH?

- Website: _____
- Friend: _____
- Church: _____
- Other: _____