



Application Process

The application materials and \$300 program payment should be presented to the Office of Global Health (375 Chipeta Way, Suite A). All applications will be reviewed by the program director to determine eligibility. Applicants may also be interviewed. Contact the Office of Global Health, 375 Chipeta Way (801) 581-3403 with questions.

Name: _____ Univ. of Utah ID Number: _____(where applicable)

Program Application Deadline:

February 6, 2009

_____ Ghana: Public Health (May/June—Dr. Alder)

Notes:

A \$50 late application fee will be assessed to applications submitted after the stated deadline.

A separate application should be completed for each trip you apply for.

Volunteer Application Checklist

This application will be considered complete with the following items:

_____ Volunteer Application—completed by the applicant.

_____ \$300 Initial Program Deposit— Applications must be accompanied by a \$300 initial program payment. Checks should be made out to the Office of Global Health and presented at 375 Chipeta Way, Suite A.

_____ Personal Statement — with the Volunteer Application. Please include a one-page, typed personal statement describing how the program suits your personal goals. Include 2-3 paragraphs describing how you cope in stressful situations.

_____ Letter(s) of Reference—Please obtain a recommendation from a professor, an academic advisor, supervisor or someone familiar with your character. This should be returned by the referee directly to the Office of Global Health by the application deadline.

_____ Photocopy of the identification page of the applicant's passport. If your passport is expired or you do not have a passport, **apply for one immediately**. Include a copy of your passport application with this application if you have not yet received your actual passport.

Office of Global Health Volunteer Application

Personal Information

Name _____
Last First Middle University of Utah ID #
or Social Security # for
Non U of U students

Current Address _____

City _____ State _____ Zip _____ Home Phone _____

Dates you will be at this address: From _____ Until _____ Work Phone _____

Permanent Address _____ Cell Phone _____

City _____ State _____ Zip _____ Phone _____

Email Address (required for pre-departure materials) _____

Date of Birth _____ Gender _____ Citizenship _____

Ethnic Origin: Choose the one that best describes you (optional):

_____ American Indian or Alaskan Native _____ Asian _____ Black or African American

_____ Hispanic or Latino _____ Native Hawaiian or other Pacific Islander

_____ White _____ Race not included above, please specify _____

Are you currently attending the University of Utah? Yes _____ No _____

Are you currently attending a school other than the University of Utah? Yes _____ No _____

If yes, please list the name of the other institution: _____

Language Study

Please list the college-level language courses you will have taken prior to the beginning of the program:

Language	Course Number	Credit Hours	Grade	Semester and Year
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

International Experience

Have you ever lived, traveled or studied in another country? Yes _____ No _____ If yes, please describe and include dates:

Emergency Contact Information

Person to contact in case of emergency (parent, spouse, or guardian preferred):

Name _____

Relationship _____ Phone _____ Email _____

Address _____

Applicant Signature

I certify that all statements made on this application are entirely true and accurate. I have read and understand the expectations of the Office of Global Health concerning volunteers.

Signature

Date