

MALAIKA PROJECT APPLICATION 2006
www.malaikaproject.org

Thank you so much for your interest in joining Malaika Project, a multidisciplinary student run village concept project whose goal is to improve the local capacity of locally based organizations in rural western Tanzania and whose priorities are chosen by the community in which we work.

Name: _____ Birthdate: _____
Address: _____ Gender: _____

Phone: _____ Email: _____

Nationality: _____ Passport number: _____

Languages spoken and level of fluency (English essential): _____

Do you have any health problems which could affect your ability to be safe in rural Africa?

Do you have any special eating restrictions?

Which project would you like to work on? (please see Malaika Project FAQ for available projects)

When would you like to volunteer and for how long (please include dates and any co-volunteers)

Please write a brief essay describing your previous experiences and what you believe you can bring to the project. Be sure to include experiences which demonstrate initiative and an ability to work independently and in foreign environments. Also include your goals for the project you are interested in.

- I agree to not smoke while in Nyamuswa, as I understand this may promote smoking among young people in the village.
- I will pay \$25/week (in Tanzanian shillings) room and board fee to Zinduka on arrival to Nyamuswa.
- I understand that I will be responsible for raising at least \$200/month (\$100 to go to Zinduka towards a capital project and \$100 which I will keep with me and apply towards my project)

Signature: _____ Date: _____

Please collect all of the following and send **in one application packet**:

- ❑ Proof of payment of non-refundable \$25 application fee (check or copy of bank transfer) made out to Malaika Project. You may also use paypal online through the www.malaikaproject.com website
- ❑ Resume or CV, including educational history
- ❑ Essay
- ❑ Proof of travel health insurance covering severe illness, accidents, and death.
- ❑ Liability form (Assumption of Risk & Hold Harmless Agreement)
- ❑ Letter of recommendation from an employer, supervisor, or professor who knows you well
- ❑ Photo

To: Jennie Howland, MD, MPH
Malaika Project Coordinator
136 Clark Street
Chicopee, MA 01013 USA

Or via email to: jenniemalaika@yahoo.com

Malaika Project

Assumption of Risk & Hold Harmless Agreement

General Statement

Malaika Project provides a rare opportunity for students and working professionals to work hand in hand with community members in Western Tanzania implementing sustainable community development projects. Participation in the Volunteer Program can be expected to enhance one's understanding of the history, culture, and values of the people of the Bunda District, Mara Region of Tanzania. The participating volunteer is offered an exciting, rewarding, and culturally enriching experience-an experience that will help the student think more openly and worldly.

The participating volunteer must understand, however, that there are certain health and safety risks associated with participation in the Volunteer Program. Volunteers live in Nyamuswa with local families coordinated by Zinduka Development Initiatives Forum, a local non profit working in concert with Malaika Project. Living accommodations may be geographically isolated, likely constructed of mud or cement, and be without running water, electricity, telephones, or other modern facilities.

Under these circumstances, Malaika Project has no direct control over the participant's travel and living or working environment. By signing this agreement, the participating volunteer agrees, among other things, that he or she assumes the risks of, and responsibilities for (1) damage to or loss of the volunteer's property, and (2) bodily injury, illness, or death, where that damage, loss, injury, illness or death results from the volunteer's participation in the Volunteer Program.

Assumption of Risk

I, the undersigned volunteer, wish to participate in the Malaika Project Program. My participation is completely **voluntary**. I understand that there are certain risks, including, **but not limited to**: (1) robbery, rape, murder, or vehicle accidents, (2) property loss or damage, (3) catastrophic injury or death, (4) illness or death from tropical diseases, such as malaria, yellow fever, HIV/AIDS, Ebola, tuberculosis, meningitis, diarrhea, Rift Valley fever, dengue, cholera, typhoid, schistosomiasis, hepatitis, bacterial infection, extreme heat, etc. I further understand Malaika Project will do everything in their capacity to control my living or working environment during the period of time that I volunteer in Tanzania, but recognize that situations may arise where Malaika Project has no control. In light of these understandings, and in consideration of my participation in the Volunteer Program, I hereby personally assume these risks, whether foreseen or unforeseen, that arise from, or are in any way connected with, my participation in this Volunteer Program.

Release and Hold Harmless Agreement

In further consideration of my participation in the Volunteer Program, I, the undersigned volunteer, agree to release Malaika Project, its fiscal agent, officers, sponsors and members from any and all liability and responsibility for any damages resulting from (1) robbery, rape, murder, or vehicle accidents, (2) property loss or damage, (3) catastrophic injury or death, (4) illness or death from tropical diseases, such as malaria, yellow fever, HIV/AIDS, Ebola, tuberculosis, meningitis, diarrhea, Rift Valley fever, dengue, cholera, typhoid, schistosomiasis, hepatitis, bacterial infection, extreme heat, etc., whether foreseen or unforeseen, that I may sustain as a result of my participation in the Volunteer

Program. I also agree to indemnify, save, and hold harmless Malaika Project and all of its agents, officers, sponsors and members from any and all claims, demands, actions, or causes of action brought by third parties where those claims, demands, actions, or causes of action arise out of my activities as a participant in the Volunteer Program.

I certify that I am eighteen years of age or older, that I have read and understood the foregoing, that I have been given an opportunity to confer with counsel of my choosing concerning the foregoing, and that I execute this agreement voluntarily in consideration for my participation in the Volunteer Program described herein.

Volunteer's Name (Printed):

Signature:

Witness:

Date:

**Malaika Project
Proof of Health Insurance Agreement**

As a participant in the Malaika Project Volunteer Program, you will need to be enrolled in a health insurance plan that will cover you during your time in Tanzania, as well as any other countries that you may choose to visit during your trip to Tanzania.

International Medical Group, Inc. offers comprehensive medical coverage for people traveling abroad from 15 days to one year. The Patriot International plan provides worldwide coverage and the choice to seek treatment anywhere in the world except the United States. Emergency Evacuation, Repatriation, Emergency Reunion and Accidental Death & Dismemberment are included in the plan. To purchase this policy or resolve any questions, please call 1-800-786-5566 and ask for the travel department.

_____ No, I do not plan on purchasing the medical insurance from International Medical Group, Inc. I have consulted my health care provider and am covered under my current health insurance policy.

_____ Yes, I plan on purchasing the medical insurance from International Medical Group, Inc. I have consulted my health care provider and I am NOT covered under my current health insurance policy.

I certify that I am eighteen years of age or older, that I have read and understood the foregoing, that I have been given an opportunity to confer with counsel of my choosing concerning the foregoing, and that I execute this agreement voluntarily in consideration for my participation in the Volunteer Program described herein.

Volunteer's Name (Printed):

Signature:

Date:
