



BHF Global Leadership Program (GLP) Application

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Mobile Phone	
E-Mail Address	

Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Mobile Phone	
E-Mail Address	

School Information

Name of School: _____	
Grade Level: _____	If College (Check): Fresh__ Soph.: __ Junior__ Senior: __
Intended Major: _____	
Extra-Curricular activities: _____	



Special Skills or Qualifications

Medical Information

BHF encourages all volunteers and GLP participants to get clearance from their doctor before traveling to Haiti. Please make an appointment with your doctor and be sure to follow their recommendations. Be sure to bring with you all your prescriptions and OTC medications.

Do you have any medical conditions that would preclude you from traveling to a developing country?

Yes: ____ No: ____

Do you have any food allergies that need to be reported to BHF? If so, please list them below.

Background and Professional Information

Please submit copy of resume or CV

Profession(s)	
Language 1 Skills:	Spoken 1 Level: 1 2 3 4 5 (Fluent) Written: 1 2 3 4 5 (Fluent)
Language 2 Skills:	Spoken 1 Level: 1 2 3 4 5 (Fluent) Written: 1 2 3 4 5 (Fluent)
Language 3 Skills:	Spoken 1 Level: 1 2 3 4 5 (Fluent) Written: 1 2 3 4 5 (Fluent)
Language 4 Skills:	Spoken 1 Level: 1 2 3 4 5 (Fluent) Written: 1 2 3 4 5 (Fluent)



Interests

Tell us in which areas you are interested in volunteering, previous (mission) experience etc., BHF Workgroup such as: Education, Project Team, Administrative, and Grant Writing/Proposal Dev., IT /Web Dev., e-Marketing, Fundraising.

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Travel Information

Name (exactly as it appears on your passport)			
Country of Citizenship			
Passport Number		Birth Date	
Country Passport was Issued		Passport Expiration Date:	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. BHF reserves the right to perform background check on all its volunteers.

Parent Name (if under age)	
Signature	
Date	



Application Process

Once we receive your application, we will contact you either by e-mail or by telephone. If selected as a volunteer, you will need to send the following information and/or documents to our mail office within 2 weeks of notification (address listed below). So please be able to have this information and/or documents ready:

1. Current Curriculum Vitae / Resume
2. Current Licensure (if applicable)
3. Current Board Certification (if applicable)
4. Two Letters of Reference

VOLUNTEER SIGNATURE _____ DATE _____

PRINT NAME AND ADDRESS _____