



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

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Send completed application along with your resume to: ASHA, PO Box 13827, Research Triangle Park, NC, 27709. Make checks payable to ASHA. Please include "GIAHC Volunteer" in the memo field. A completed form may also be emailed to us at [giahc@ashasexualhealth.org](mailto:giahc@ashasexualhealth.org). For questions regarding this application, contact us at [giahc@ashasexualhealth.org](mailto:giahc@ashasexualhealth.org) or 919-361-4863.

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### BEFORE YOU START

Upon receipt, applications will be screened and selected applicants will be interviewed 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 as references will be contacted. The email address must match their professional affiliation.

### FUNDING

GIAHC programs are an essential part of a Global Coalition member's contribution to developing programs for health education, screening and treatment of HPV diseases and cervical cancer. All Global Coalition members, once accepted to the program, contribute \$1,500 to support GIAHC programs. This pre-travel contribution, called the "program fee," is tax deductible and helps to 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 can be raised from your family and friends. A matching donation from donor's place of employment will also be accepted. A GIAHC staff member will be happy to help you with your questions.

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.

Travel, boarding and lodging, transportation and other incidentals are additional expenses.

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### BASIC INFORMATION

Which type of applicant best describes you?

- Physician
- Resident
- Medical student
- Public Health student
- Undergraduate nursing student
- Graduate nursing student
- Nurse
- Nurse practitioner
- Midwife
- Resident
- Social worker
- Business student interested in social entrepreneurship
- Educator
- Other



# Application to Volunteer with GIAHC – Page 2

## 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 GIAHC does not carry any malpractice insurance on my behalf.
- I understand the program fee of \$ 1,500 has to be paid to GIAHC before departure.
- 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 \_\_\_\_\_