



**LetsStopAIDS**  
**ArrêtonsLeSIDA**

[www.LetsStopAIDS.org](http://www.LetsStopAIDS.org)

If you choose to submit your application online via "Submit Form" button, please PRINT your application before submitting.

Once completed, please submit the following application form along with a copy of your resumé to [STNA@LetsStopAIDS.org](mailto:STNA@LetsStopAIDS.org), or to 17 Henrietta Street, Toronto Ontario, M6N 1S4, Canada (electronic submission preferred). Be sure to include the following information, as applicable, on your resumé: educational background (including training not leading to a degree or diploma), volunteer work, work experience, languages spoken (please indicate both spoken and written levels of ability), extracurricular groups, teams, committees, and interests.

Note: Applicants must be at least 18 years old on June 1<sup>st</sup>, 2011 in order to participate.

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**SPREAD TREES, NOT AIDS 2011  
INTERNATIONAL YOUTH AMBASSADOR  
VOLUNTEER APPLICATION FORM**

**Applicant Information**

Last Name

First Name

Middle Initial

Preferred Name

Age on June 1<sup>st</sup>, 2011

E-mail Address

**Present Address**

Apt.

Number

Street

City

Province/State

Postal Code/Zip Code

Country

Daytime Phone Number

Evening Phone Number



5. What single experience of yours do you feel has best prepared you for traveling internationally on this project?

6. What do you envision will be the greatest personal challenge that you will have to overcome while abroad? Why? How do you plan on doing so?

7. Name one cross-cultural barrier you might face while working in a rural South African community, and briefly explain how you hope to overcome it.

8. What do you feel you need most from the organization to help prepare you for this project?

9. What do you consider to be the single largest obstacle to decreasing HIV transmission rates in South Africa?

### Additional Questions

Do you have any allergies? If so, please list them.

Do you have any medical conditions of which we should be aware? If so, please list them.

Do you have any food restrictions? If so, please describe their nature.

Is there anything else you feel we should know that has the potential to affect your travels?

**Emergency Contact Information:**

Last Name

First Name

Middle Initial

Relationship to Applicant

Apt.

Number

Street

City

Province/State

Postal Code/Zip Code

Country

Daytime Phone Number

Evening Phone Number

E-mail Address

*By signing below, you are certifying that all information submitted on this form, in your resumé, and elsewhere for purposes of applying with LetsStopAIDS, is correct and true. Please note that if information is found at any point to be misleading or invalid, this will result in the removal of your application from consideration, and could jeopardize your participation in the programme, even if selection decisions have already been made. If selected as a volunteer International Ambassador, police clearance may be requested. Volunteers are responsible for obtaining their own visa permits for the country/countries of travel.*

Name (please print)

Signature

Date