

## Internship and Volunteer Application

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**Instructions:** Thank you for applying for an **Isla** program. Please complete and submit this application by the application deadline listed on the **Isla** website. Applications may be accepted after the deadline on a space available basis. If the deadline has past, please contact the Isla to inquire about availability. Please submit the following to **Isla**:

1. **Application** - Please complete, save, and send as an attachment as *Your Last Name AP*.
2. **Resume** – Please complete, save, and send as an attachment as *Your Last Name Resume*.
3. **Application Fee:** The application fee is **\$30.00** and is non-refundable. Please indicate how you will submit your application fee:

\_\_\_\_\_ **By Mail** Submit payment by check or money order in U.S. dollars made out to **Isla** and mail to the address below.

\_\_\_\_\_ **PayPal:** Click on the Donate link on the **Isla** website and click on the Participants Fee Link and submit \$30.

4. **Recommendation Letter**
5. **Email** the completed application and resume as attachments to [isla@isla-serve.org](mailto:isla@isla-serve.org).

**Isla** will process your application shortly after the application deadline. **Isla** will not process your application if any of the requested information is missing. Please ensure that **Isla** receives your application, resume, application fee, and recommendation letter by the application deadline. **The fee and reference letter are due no more than 1 week after you submit your application.**



## Personal Information:

Last Name	First Name	Gender	Date of Birth
Current Address Line 1	City	State	Zip
Permanent Address Line 1	City	State	Zip
Current Email ( <b>no .edu accounts*</b> )	Secondary Email	Current Phone	Permanent Phone
Passport Country	Passport Number	Expiration Date	Departure City

\* Please note that email accounts with universities often block large attachments. Please provide an alternate email account for correspondence during the application process.

## Program Preferences:

**Program:** \_\_\_\_\_ Short Term Volunteer (1-9+ Weeks)

\_\_\_\_\_ Intern Abroad (9-52 Weeks)

### Country, Start Date, and Duration:

Please submit two country choices or indicate "no country" preference. Also indicate preferred **start dates** and the number of weeks desired. Please note that you are required to participate in the **Isla** five day, web-based training in the principles of sustainable development to be taken prior to the beginning of your departure date. Please see the **Isla** website for countries, start dates, and fees.

Preference*	Country	Session Start Date	Duration (in Weeks)
1			
2			

\* If you would like to be placed where the need is greatest, please write "no preference" in the country column.

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## Statement of Purpose

*Please respond to the following in a 1-2 page Statement of Purpose:*

- Explain your interest in participating in a volunteer or internship service learning project at this point in your life.
- Describe what you would like to experience, learn, and accomplish through such a program.
- Describe what you see yourself doing during your volunteer or internship experience. Please be specific and concrete.
- Describe the challenges you expect to encounter and explain how you are prepared to deal with these challenges.
- Before, during, and after your volunteer or internship program, describe how you see yourself engaging sustainably engaging with your host organization and community.



## Qualifications and Skills

Please complete the following information carefully as this will be presented to your host organizations to prepare and finalize the details of your **Isla** program.

<i>Last Name</i>	<i>First Name</i>	<i>Gender</i>	<i>Date of Birth</i>
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### Education:

#### Undergraduate Education

<i>University</i>	<i>Degree</i>	<i>Year of Graduation</i>
<i>Major</i>	<i>Minor</i>	<i>GPA</i>
<i>Advisor</i>	<i>Advisor Email Address</i>	(Advisor information is for ISLA internal use only)

#### Graduate Education

<i>Graduate University</i>	<i>Degree</i>	<i>Year of Graduation</i>
<i>Concentration</i>	<i>Thesis Title</i>	
<i>Thesis/Dissertation Advisor</i>	<i>Advisor Email Address</i>	(Advisor information is for ISLA internal use only)

### Relevant Experience:

Please list relevant experience. This may include international and cross-cultural experience, professional engagements, trainings, or volunteer work. Please list as many experiences as are relevant.

#### 1. Dates and Duration:

**Class/Company/Organization:**

**Location:**

**Role:**

**Description of responsibilities and the skills you applied and/or developed through this experience:**

**2. Dates and Duration:**

**Class/Company/Organization:**

**Location:**

**Role:**

**Description of responsibilities and the skills you applied and/or developed through this experience:**

**3. Dates and Duration:**

**Class/Company/Organization:**

**Location:**

**Role:**

**Description of responsibilities and the skills you applied and/or developed through this experience:**

**4. Dates and Duration:**

**Class/Company/Organization:**

**Location:**

**Role:**

**Description of responsibilities and the skills you applied and/or developed through this experience:**

## Language Skills

Please describe your language skills and indicate language and level of competency on a scale .of 1-5:

Key: 1 = No ability    2 = Basic    3 = Conversational/Intermediate    4 = Advanced    5 = Fluent

Language	Comprehension		Ability	
	Reading	Oral	Written	Spoken

**Additional Comments:** Please add additional comments about your language abilities. Please note if you are taking or plan to take language courses before your program.

**Skills** List specific skills that you can apply to your volunteer or internship assignment. In addition, please list skills that may not seem directly related to the program area in which you are qualified. For example, you may also have skills related to research, writing, sports, computers, internet, children, first aid etc. **Please provide documentation of medical, professional, vocational, legal or other certificates or licenses.**

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

**Interests** Describe or list any interest or hobbies.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

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## Placement Interests

*The preferences you indicate below will be used to match your skills and interests with the most appropriate host organization and project. Please be as clear as possible about your interests and priorities as well as the time frame available to you.*

### **Program Area**

*Mark and rank in order of preference:*

- Health
- Education
- Youth Development
- Environment
- Micro-Enterprise
- Women's Empowerment
- Human Rights
- Community Development

### **Activities**

*Please indicate and rank the types of activities in which you would like to be involved:*

- Research
- Educational Workshops
- Capacity-Building Workshops
- Direct Service
- Grant Writing
- Outreach
- Business Development
- Infrastructure Development
- Organizational Development
- Other: \_\_\_\_\_

### **FOCUS**

*Please identify the areas within this field on which all that apply:*

### **Details**

*Please provide specific details about what you would like to do.*

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**Your Skills:**

Skills and knowledge you would like to **apply**:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Skills and knowledge you would like to **develop**:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

**Optional: Host Organization Preference**

If you are interested in a specific host organization (see our website for descriptions), please list the organization(s) here. We will take your preferences into consideration when selecting your host organization.

- 1.
- 2.
- 3.

**Additional comments:**

## Health and Emergency Information

The following information will be kept confidential and will only be used by **Isla** staff in making placement decisions and seeking appropriate care for you in the case of a medical emergency.

### a. Current Medical Issues and Medications

#### 1. Operations or serious injuries (including dates)

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#### 2. Chronic or recurring illness or medical conditions (i.e. ear infections, strep throat, chronic headaches, allergies, or other health-related conditions)

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#### 3. Current Medications (prescription and non-prescription)

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#### 4. Other health related conditions or dietary restrictions (including vegetarian diets)

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### Health History *Indicate all that apply and give approximate dates where appropriate.*

	Date		Date		Detail
Heart Defect/Disease		Measles		Diabetes	
Convulsions		German Measles		Asthma	
Bleeding/Clotting Disorders		Mumps		Drug Allergies	
Hypertension		Chicken Pox		Other	
Mononucleosis		Anaphylaxis		Other	

**Emergency Contacts** *Please provide the names and contact information for two individuals you authorize **Isla** to contact on your behalf in the case of emergency.*

#### Primary Emergency Contact

<i>Name</i>	<i>Relation</i>	<i>State of Residence</i>
<i>Primary Phone</i>	<i>Secondary Phone</i>	<i>Email</i>

#### Secondary Emergency Contact

<i>Name</i>	<i>Relation</i>	<i>State of Residence</i>
<i>Primary Phone</i>	<i>Secondary Phone</i>	<i>Email</i>

## How did you learn about Isla?

Google/Web Search - key words: \_\_\_\_\_  
 University: \_\_\_\_\_  
 **Isla** program staff or participant: \_\_\_\_\_  
 **Isla** Blog  
 Online Social Network:  Facebook.com  MySpace.com  
 GoAbroad.com/ InternAbroad.com/ VolunteerAbroad.com \_\_\_\_\_  
 Change.org  WisserEarth.org  Development Crossing.com  
 Idealist.org  Other \_\_\_\_\_  
 Book - title: \_\_\_\_\_  
 Other: \_\_\_\_\_

## Why did you choose **Isla**?

## Scholarships and Fellowships

There is a wide variety of funding sources for students and professionals pursuing international internships and volunteer trips with organizations like **Isla**. To download a full description of successful strategies and examples from previous **Isla** participants, and view a list of scholarships and fellowships available through universities, please visit our website.

**Do you intend to fundraise or seek financial support in the form of a scholarship or fellowship to support your participation in this program?**  Yes  No

Please indicate the source of funding that you intend to pursue:

<b>Title:</b>	
<b>Funding Institution:</b>	
<b>Website:</b>	
<b>Primary Contact:</b>	
<b>Description:</b>	
<b>Amount:</b>	
<b>Application Deadline:</b>	
<b>Notification Deadline:</b>	
Are you reliant on the above mentioned funding to participate in the <b>Isla</b> program? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Isla** supports your fundraising efforts. Upon request, we will offer documentation acknowledging the status of your application to our program for you to provide to potential donors. This letter will cite your name and intent to participate in the program, along with a description of our program offerings and allocation of program fees. If your funding institution requests more detailed information, **please describe the additional requirements here.**

## Personal Reference

Please provide the contact information for **two personal references** who are familiar with your skills and abilities.

In addition to providing the contact information of your referees, please have one referee submit a **letter of recommendation**. **Isla** encourages you to request such a letter from someone who knows you well in a variety of settings – this could be a colleague, a professor, or employer. Please do not request a letter of reference from a member of your family.

Indicate which referee will provide the letter of recommendation in the space provided below. Provide your referee with the information and form on the following page. Please ensure that the reference is submitted to **Isla** within **one week** of your application.

### Personal Reference I

<i>Name of Referee</i>	<i>Title/Relation</i>	<i>Months/Years of Acquaintance</i>
<i>Primary Phone</i>	<i>Email</i>	<i>Letter of Recommendation Included (Yes/No)</i>

### Personal Reference II

<i>Name of Referee</i>	<i>Title/Relation</i>	<i>Months/Years of Acquaintance</i>
<i>Primary Phone</i>	<i>Email</i>	<i>Letter of Recommendation Included (Yes/No)</i>

## Note to Referee

International Service Learning Alliance (**Isla**) is non-profit organization that provides hands-on, service learning internships and volunteer opportunities for **Isla** those looking to gain development experience and have a genuine impact on an international community. Our programs are located in India, Ghana and Eastern Europe.

Our Mission is to offer international volunteers and interns opportunities to work with community initiated projects focused on sustainable development. Our programs are designed to assist communities with their worthy endeavors, provide volunteers with practical education in sustainable community development, and promote cross-cultural understanding. We are a non-profit organization with no religious or political affiliations.

Students and professionals spend their time working with one of community-based development organizations partnered with **Isla**, experientially learning and applying sustainable development solutions. Project work is collaboratively designed and implemented by the participant, **Isla**, and the host organization. Participants acquire development skills and training, while immersing themselves in a foreign language and culture.

In selecting individuals to participate in our programs abroad, **Isla** relies to a considerable extent upon the statements of referees. Please provide your frank appraisal of the applicant's **personal suitability** for immersion and project work in a developing community abroad.

Please email the following **evaluation form** along with a **letter of recommendation** to the following address - [info@isla-serve.org](mailto:info@isla-serve.org)

Please submit this reference no later than: \_\_\_\_\_. This date determined by the applicant. The applicant selects this date based on the date they plan to submit their application to **Isla**. The letter of recommendation is required as part of the application materials and must arrive within 7 days of receiving the application.

On behalf of the ISLA staff, we appreciate your support.

## Reference for Internship and Volunteer Applicants

**Reference For:** (Name of Applicant)

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In what capacity have you known the applicant? (e.g. instructor, employer, peer, etc.)

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For how many years/months?

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Consideration of the applicant's personal characteristics:

Category	High	Medium	Low	Unable to Assess
Maturity				
Global Perspective				
Cultural Sensitivity				
Adaptability				
Diligence/Perseverance				
Judgment/Critical Sense				
Communication Skills				
Independent Initiative				
Teamwork and Collaboration				
Well-rounded				

In your opinion, is the applicant well suited for his/her proposed international program?

Very Well   
  Well   
  Adequate   
  Inadequate

Letter of Recommendation - Please explain your overall assessment of the applicant's suitability for immersion and project work in a developing community abroad. Please attach your response on a separate page.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Name of Referee: \_\_\_\_\_ Title: \_\_\_\_\_

Tel.: \_\_\_\_\_ Email: \_\_\_\_\_