



SEVA - A Global Social Work program in India.  
 ASSIGNING ORGANIZATION: \_\_\_\_\_  
 WORK/HOST FAMILY PLACE ADDRESS: \_\_\_\_\_  
 NUMBER OF WEEKS \_\_\_\_\_ DATES: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  
 APPLICATION RECEIVED DATE: \_\_\_\_\_ PERMANENT ID: \_\_\_\_\_  
 (Office Use)

**SEVA - A Global Social Work Program in India.**

**Application Form**

(Please type or write neatly using black/blue ink)

**1. GENERAL INFORMATION**

FAMILY NAME \_\_\_\_\_ GIVEN NAME: \_\_\_\_\_  
 MALE  FEMALE  STREET ADDRESS \_\_\_\_\_  
 POST CODE \_\_\_\_\_ CITY \_\_\_\_\_ COUNTRY \_\_\_\_\_  
 PHONE (COUNTRY & CITY CODE): \_\_\_\_\_ E-MAIL: \_\_\_\_\_  
 BIRTHDATE: \_\_\_/\_\_\_/\_\_\_ CITY & COUNTRY OF BIRTH \_\_\_\_\_  
Day Month Year  
 PASSPORT NUMBER & COUNTRY: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_  
 SOCIAL WEBSITE ID: \_\_\_\_\_ QUALIFICATION: \_\_\_\_\_  
 CURRENT UNIVERSITY/SCHOOL NAME AND WEBSITE: \_\_\_\_\_  
 DO YOU HAVE ANY CRIMINAL CASE ON YOU: YES/NO \_\_\_\_\_

**2. EMERGENCY CONTACT INFORMATION DURING PROGRAM DATES**

NAME: \_\_\_\_\_ TELEPHONE/ FAX (COUNTRY & CITY CODE): \_\_\_\_\_

**3. FAMILY INFORMATION**

FATHER'S NAME (OR HUSBAND'S NAME)	MOTHER'S NAME (OR WIFE'S NAME)
NAME: _____	NAME: _____
TELEPHONE: _____	TELEPHONE: _____
OCCUPATION: _____	OCCUPATION: _____
WORK TELEPHONE: _____	WORK TELEPHONE: _____
AGE & SEX OF BROTHERS AND SISTERS, OR CHILDREN IF YOU ARE A PARENT:	
_____	

#### 4. PERMISSION FOR MEDICAL CARE AND RELEASE

I/ We, the undersigned, authorize Vishvet Foundation and its representatives and host family to consent to any X-ray examinations, anesthesia, medical, or surgical diagnosis rendered under the general supervision of medical staff and emergency room staff, licensed under the provision of the Medicine Practice Act, or a dentist, licensed under the provisions of the Dental Practice Act. This authorization is given to provide authority and power on the part of our aforesaid agents to give consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician, dentist, or surgeon in the exercise of his/her best judgment, may deem advisable. *For participants under 18, the signature of a parent or legal guardian is required.* \*

Participant name \_\_\_\_\_

Name of family doctor \_\_\_\_\_ Doctor's name \_\_\_\_\_

Name of insurance company \_\_\_\_\_ Policy number \_\_\_\_\_

Check if you have had: Chicken Pox \_\_\_ Measles \_\_\_ Mumps \_\_\_ Date of last tetanus shot: \_\_\_/\_\_\_/\_\_\_

Currently taking medication Y/N

Medication \_\_\_\_\_ Reason: \_\_\_\_\_ Dosage: \_\_\_\_\_

Medication \_\_\_\_\_ Reason: \_\_\_\_\_ Dosage: \_\_\_\_\_

Allergies to food or drugs: \_\_\_\_\_

Have you ever required any special treatment for drug addiction or any medical or psychological disorders? Y/N

Reason: \_\_\_\_\_

Health:  Good  Fair  Comments – use separate sheet of paper

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/ Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

#### 5. PARTICIPANT PROFILE:

List below the type of volunteer work you would like to do in our program:

1.

2.

3.

How many hours you may devote to social work per day: \_\_\_\_\_

How would you like to live during the program: \_\_\_\_\_

**Paying Guest/ Host Family/ Budget Hotel/ Hostel/ Rent a house**

Would you like to cook your food during the program: YES/NO \_\_\_\_\_

If Yes (Vegetarian/Non Vegetarian) \_\_\_\_\_

Put a check in the boxes of the things you like to do:

- |                                     |   |  |   |
|-------------------------------------|---|--|---|
| <input type="checkbox"/> Aerobics   | <input type="checkbox"/> Fishing          | <input type="checkbox"/> Volleyball          | <input type="checkbox"/> Movies                       |
| <input type="checkbox"/> Badminton  | <input type="checkbox"/> Golf             | <input type="checkbox"/> Water-skiing        | <input type="checkbox"/> Cooking                      |
| <input type="checkbox"/> Baseball   | <input type="checkbox"/> Tennis           | <input type="checkbox"/> Ballet              | <input type="checkbox"/> Sewing                       |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Track & Field    | <input type="checkbox"/> Drawing or Painting | <input type="checkbox"/> Visiting Museums             |
| <input type="checkbox"/> Bicycling  | <input type="checkbox"/> Horseback Riding | <input type="checkbox"/> Photography         | <input type="checkbox"/> Visiting Historic Sites      |
| <input type="checkbox"/> Bowling    | <input type="checkbox"/> Roller Skating   | <input type="checkbox"/> Reading             | <input type="checkbox"/> Listening to Classical Music |
| <input type="checkbox"/> Camping    | <input type="checkbox"/> Sailing          | <input type="checkbox"/> Games & Cards       | <input type="checkbox"/> Playing instruments          |
| <input type="checkbox"/> Soccer     | <input type="checkbox"/> Swimming         | <input type="checkbox"/> Computers           | <input type="checkbox"/> Others: _____                |

How would you rate your English ability?  Beginner  Intermediate  Advanced

Put at least three ticks on the activities which you would like to receive in India:

Participate in Indian festival celebration \_\_\_\_, Local School/University visit \_\_\_\_, Shopping of traditional items: \_\_\_\_, Workshop about Hinduism/Yoga \_\_\_\_, Other \_\_\_\_

Your mother tongue: \_\_\_\_\_ Other foreign languages studied \_\_\_\_\_

What responsibilities do you have at home? \_\_\_\_\_

Do you have any allergies to pets? \_\_\_\_\_

Do you smoke? Y/N (Please note that you cannot smoke during the duration of the Group Program)

## **6. PHOTOS**

Attach three different photos of you with your family and your friends. On the below of each photo write a brief explanation of who is in it and where it was taken. Place them in the space below.



**STAPLE THREE SMILING PHOTOS OF  
YOU WITH YOUR FAMILY AND FRIENDS**

## **7. STATEMENT OF PURPOSE**

Please write a letter of at least 200 words in the space provided or in a separate sheet if you don't have enough room, **introducing yourself, your interest of work, your past experience in social work, how would you like to prefer accommodation, food habits and how would you add value in program etc. to your prospective host organization where you will be placed as volunteer.** This letter will help your local coordinator to place you with a host organization that has interests similar to yours. You also can include in your letter are: your relationship with your family, your school/university, the community where you live, your friends and why you want to come to India.

***IMPORTANT NOTE:*** *Without this letter we will have difficulty in placing you with an organization. Your organization will choose you based upon the quality of the letter that you write.*

**PLEASE TYPE OR PRINT NEATLY!**

## CONDITIONS OF PARTICIPATION

VISHVET FOUNDATION expects that all the “SEVA Program” participants will follow the program rules listed below. Each participant agrees to abide by these conditions by signing below. VISHVET FOUNDATION requires the signature of a parent or guardian for all participants under the age of 18.

1. VISHVET FOUNDATION participants must obey all national, state, and local laws at all time, as well as the rules of VISHVET FOUNDATION, the host organization and their country. The breaking of any law or rule can result in dismissal from the program.
2. Smoking and alcoholic beverages are prohibited for anyone during the program.
3. The use of non-prescription drugs is strictly forbidden, except for items sold in drugstores or pharmacies, such as aspirin and cold capsules.
4. Group Participants under 18 absolutely may NOT drive while on the program. Participants who are of legal age are responsible for his/her insurance.
5. During the program, participants must travel with local coordinator or with other adult-supervised school or community groups. Any other travel for such participants, whether alone, with peers, or with other participants, is permitted only with prior approval from the Vishvet Foundation local coordinator, and then only after complete itineraries, including names and addresses of people to be visited, have been submitted as part of the travel request.
6. VISHVET FOUNDATION does not allow natural parents, family members, or friends to visit participants while on the program. Only in case of any emergency the visit would be allowed.
7. Since participants must return to their home country shortly after entering India, social behavior that requires a strong emotional commitment, such as sexual intercourse, marriage or change of religion are forbidden for all group participants, as well as all independent home stay participants under the age of 21.
8. VISHVET FOUNDATION does not discriminate against race, nationality, creed, or religion. All other participants, host family & local coordinator should be treated with respect.
9. Participants must obey the rules established by the host organization concerning curfew, household chores, etc, and must adapt to the host family/hostel/paying guest circumstances regarding use of bathrooms and time schedules. Participants may be required to change accommodation site and host family during their stay in India.
10. Participants who visit Educational institute, NGOs etc. as part of their program are required to respect all institute rules and to demonstrate a positive, cooperative attitude.
11. Participants are required to maintain respectful behavior on any organized outing or field trip, and, in circumstances where there is free time, will adhere to the meeting points and times established by the local coordinator.
12. VISHVET FOUNDATION participants must arrive in the host country with a valid passport and a visa and a roundtrip ticket to return to their native countries at the end of the program. VISHVET FOUNDATION will not take responsibility in aiding participants in changing their visas, and will not take responsibility for participants who remain in India after the close of the program.
13. VISHVET FOUNDATION students must try their very best to integrate into the program with the understanding that there are going to be major differences between your life style and those in India.
14. Vishvet Foundation will accept the payment only through International wire transfer from Student/ sending organization. Receipt of payment also will be issued on the name of student/sending organization.

## LIABILITY RELEASE AGREEMENT

As a participant in the VISHVET FOUNDATION program, we understand the limitations VISHVET FOUNDATION faces in dealing with outside companies such as airlines, hotels, restaurants, shipping companies, etc. We will not hold VISHVET FOUNDATION responsible for any delays, sickness and other such circumstances and renounce any claims against VISHVET FOUNDATION and its representatives that may arise from circumstances outside of VISHVET FOUNDATION's direct control.

### SIGNATURES OF AGREEMENT

I, the undersigned, confirm that I have read and agree to abide by the conditions above. There is no reason – pre-existing health condition, emotional or behavioral problems, etc. – why I should not be able to participate in the program. I also confirm that I have not been convicted of any felony and that falsifying or withholding of any information on the application could result in program dismissal. By signing below, I also authorize VISHVET FOUNDATION and its affiliates to use any photographs accompanying this application or any photographs taken while participating on a VISHVET FOUNDATION program for promotion or publicity. *For participants under 18, the signature of a parent or legal guardian is required\**

Signature of Participant: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_

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