



# Banani International School

*"Let Your Vision Be World Embracing"*

Youth Year of Service Programme

A Study Programme of the William Mmutle Maseltha Foundation

Mailing Address: Plot 4624 Maimwene Road, Lusaka, Zambia

Phone: +260-966-737770

## PROGRAM APPLICATION

### 1. AVAILABILITY FOR SERVICE

Date of Application:		Country of origin:	
Period of Service Offered	From (mm/yy)	To (mm/yy)	

### 2. PERSONAL CONTACT INFORMATION

Title	Family Name (Surname)	Given Name	Middle Name
APPLICANT INFORMATION	Street/PO Box:		
	City:		
	State or Province:		
	Zip Code or Postal Code:		
	Country:		
	Home Phone:		Work Phone:
	Cellular Phone:		Fax:
	Email:		
Age	Marital Status		Gender

### 3. PASSPORT INFORMATION

Date of Birth: (dd-mm-yy)	Do you have a valid passport? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes provide the following information:	Passport No.:
Country of Origin:	Where issued:
Country of Citizenship:	Expiry Date: (dd-mm-yy)

### 4. PARENT/GUARDIAN CONTACT INFORMATION

Title	Family Name (Surname)	Given Name	Middle Name
Street/PO Box:			
City:			



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State or Province:	
Zip Code or Postal Code:	
Country:	
Home Phone:	Work Phone:
Cellular Phone:	Fax:
Email:	

## 5. EMERGENCY CONTACT PERSON (if different from address of parents/guardian above)

Relation	Family Name (Surname)	Given Name	Middle Name
EMERGENCY INFORMATION	Street/PO Box:		
	City:		
	State or Province:		
	Zip Code or Postal Code:		
	Country:		
	Home Phone:	Work Phone:	
	Cellular Phone:	Fax:	
	Email:		

## 6. BAHÁ'Í EXPERIENCE

Are you a Bahá'í? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when did you declare? (mm/yy)
National Community where registered:	
Local community/Local Spiritual Assembly:	
Ruhi Books Completed	
Children's Class Teacher <input type="checkbox"/> Yes <input type="checkbox"/> No	
JY Animator <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please describe your Bahá'í experience, including communities you have lived, committees and Assemblies or other institutions of which you have been a member, and pioneering, travel teaching or other service activities.	



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## 7. BAHÁ'Í REFERENCES

Please provide use the email or physical address from two Bahá'í Institutions (Local Spiritual Assembly, National Spiritual Assembly, Auxiliary Board member, or Continental Board of Counsellor) so that we may contact them for personal references

Bahá'í Reference #1	Bahá'í Reference #2
Name:	Name:
Institution:	Institution:
Email:	Email:
Mailing Address:	Mailing Address:
Telephone:	Telephone:

## 8. EDUCATION/TRAINING

<input type="checkbox"/> High School	Grade completed: <input type="checkbox"/> O Level <input type="checkbox"/> A level <input type="checkbox"/> 12 <sup>th</sup> Grade
<input type="checkbox"/> University	Field/subjects:
<input type="checkbox"/> Graduate	Field/subjects:
<input type="checkbox"/> Other Training	Describe:

## 9. LANGUAGES

Language(s):		Do you have?
<input type="checkbox"/> English	<input type="checkbox"/> Fluently <input type="checkbox"/> Moderately	<input type="checkbox"/> Driver's license
<input type="checkbox"/> French	<input type="checkbox"/> Fluently <input type="checkbox"/> Moderately	<input type="checkbox"/> First Aid training
<input type="checkbox"/> Other _____	<input type="checkbox"/> Fluently <input type="checkbox"/> Moderately	<input type="checkbox"/> Teacher certificate
		<input type="checkbox"/> Lifesaving training
		<input type="checkbox"/> Other:

## 10. COMPUTER EXPERIENCE

Experience: <input type="checkbox"/> none <input type="checkbox"/> some <input type="checkbox"/> advanced	Which Applications?
Hardware or network experience? <input type="checkbox"/> Yes	<input type="checkbox"/> MS Office
<input type="checkbox"/> No	<input type="checkbox"/> Graphic/Publishing



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If yes, please describe:

## 11. AREAS OF INTEREST

We have needs in various programs areas and types of service from very general to specific. We would like to know your areas of preference to assist in matching skills, training, and preferences with needs. Please check as many areas as you have interest. **Please note that we may not be able to place you in your area of interest.** We are always looking for youth who can enhance the programs at both the primary and secondary schools. If you have an interest and are willing to contribute, please let us know.

- |   |                                       |  |
|---|---------------------------------------|--|
| <input type="checkbox"/> Science Laboratory | <input type="checkbox"/> Music        | <input type="checkbox"/> Maintenance/Gardens |
| <input type="checkbox"/> Academic Tutoring  | <input type="checkbox"/> Choir        | <input type="checkbox"/> Office/clerical     |
| <input type="checkbox"/> Teacher Assistant  | <input type="checkbox"/> Art          | <input type="checkbox"/> Computer/database   |
| <input type="checkbox"/> Library            | <input type="checkbox"/> Dance        |  |
| <input type="checkbox"/> Computers          | <input type="checkbox"/> Field Sports |  |
|   | <input type="checkbox"/> Swimming     |  |

## 12. HEALTH BACKGROUND

Do you have any health problems/syndrome/conditions that should be considered? If yes, provide details

- |  |  |
|--|--|
| <input type="checkbox"/> Allergies,      | <input type="checkbox"/> Epilepsy                |
| <input type="checkbox"/> Peptic ulcer,   | <input type="checkbox"/> Depression, Mood Swing, |
| <input type="checkbox"/> Asthma,         | <input type="checkbox"/> Sight Problem:          |
| <input type="checkbox"/> Hearing Problem | <input type="checkbox"/> Others _____            |

Are you taking any regular medications: ☐ Yes ☐ No If so, please list them

Do you smoke? ☐ Yes ☐ No - Please note that smoking is not permitted on campus.

## 13. ACKNOWLEDGEMENTS

The William Masetlha Foundation has a special environment that can be challenging to some and requires discipline and a commitment to service. For these reasons in order to ensure that your investment of time and resources in your service program is both memorable and valuable to you and the Foundation, we wish to share some of the challenging aspects of this service and have you indicate that you understand them.

1. Are you aware of the Bahá'í laws and teachings concerning alcohol, drugs and



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chastity and are you willing to be obedient to them? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you willing to accept the direction and guidance of the Bahá'í Institutions such as the Local and National Spiritual Assembly during your stay <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you aware that there are mandatory Bahá'í community and study activities in which you must participate as part of your program? <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are you aware that Africa has different cultural and social traditions and norms in regards to dress, hairstyles, adornments, language and entertainments? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you willing to conform to these cultural norms? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Do you realize that given the nature of Banani's activities it is necessary to be flexible in your work assignments? <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Are you aware that you will be expected to participate in a fully scheduled workweek that may involve irregular hours? <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Do you realize that you will be working under supervision? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Do you anticipate any difficulties in accepting the guidance and instructions of your supervisor or other authority? <input type="checkbox"/> Yes <input type="checkbox"/> No
9. Are you aware that the William Masetlha Foundation and Banani International School is located in a rural environment and that there are no nearby shops, shopping malls, public library or commercial recreation facilities. <input type="checkbox"/> Yes <input type="checkbox"/> No
10. Do you feel you will be able to adjust to this simpler isolated lifestyle? <input type="checkbox"/> Yes <input type="checkbox"/> No
11. Are you aware that and that the Foundation (Banani International School) only provides basic room and board plus a small allowance (US. \$ 40 per month in local currency)? <input type="checkbox"/> Yes <input type="checkbox"/> No
12. Are you aware that other than room and board and a small allowance, you must be financially self-supporting and all costs must be met by you such as medical care at clinics, international travel to and from Zambia, personal travelling for teaching trips and vacations, telephone and other communications. <input type="checkbox"/> Yes <input type="checkbox"/> No

Are there any other factors that you feel we should take into consideration when consulting about your offer of service to the William Masetlha Foundation?

Do you have any questions about items in the application or other questions that have not been answered in the information provided?



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Date \_\_\_\_\_

Applicant Signature \_\_\_\_\_

(If applicant is under 18 we request the signature of the parent or guardian)

Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_