



المبادرة العربية لدعم ثقافة التطوع ٢٠١٠-٢٠١١
Arab Initiative to Foster a Culture of Volunteering 2010-2011



Learning to CARE Institute
July 12-18, 2010
Application Form

REGISTRATION:

This is an application form for a team of four to participate in the Learning to CARE Institute and follow-up training and support during the 2010-2011 academic year. Nine teams from different Arab countries will be selected, with the expectation that they will provide training in their own country to help schools develop effective service programs.

If you have questions or have any difficulty preparing or submitting the application, please contact us by phone at 00961-1-449536 or 00961-3-277335 or by email at: ltc_program@avs.org.lb.

PLEASE NOTE: THIS IS A TEAM APPLICATION FORM.

The team must have exactly four (4) members. This application form will only be considered if information is provided for all four members of the team. After a team has been accepted, a member of the team can only be replaced by another qualified person who is approved by the LTC Program Committee. Please complete the form below and email it to ltc_program@avs.org.lb or fax it to: **00961-1-449470** as soon as possible, but no later than **June 15**.

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APPLICATION FORM

COUNTRY:

CONTACT PERSON

Name:

(First name/Father's name/Last name)

Position:

Email:

Phone number(s):

ORGANIZATION/INSTITUTION

Name of Organization/Institution:

Mission/Objectives of the Organization (100 words or less):

Other Information - Please answer the following (200 words or less):

Does your organization have any experience with schools? With volunteering? With school service programs? How do you feel that your team is well positioned to have an impact on the development of school service programs in your country, whether for public or private schools?

TEAM MEMBERS:

The team must have exactly four (4) members. This application form will only be considered if information is provided for all four members of the team. After a team has been accepted, a member of the team can only be replaced by another qualified person who is approved by the LTC Program Committee. Please fill out the information below for each of the four team members:

TEAM MEMBER 1:

Name:

Date of Birth:

Nationality:

Passport number:

Date of Issuance:

Date of expiration:

Email:

Phones:

Fax:

Mobile phone:

Position/employment:

Fluency in Arabic:

Fluency in English:

Teaching/Training Experience: What experience do you have in teaching, supervising and/or empowering youth as teachers, Scout leaders, or in some other capacity?

Volunteer Experience:
Experience as a trainer or teacher with adults:

TEAM MEMBER 2:

Name:	
Date of Birth:	
Nationality:	
Passport number:	
Date of Issuance:	Date of expiration:
Email:	
Phones:	Fax:
Mobile phone:	
Position/employment:	
Teaching/Training Experience: What experience do you have in teaching, supervising and/or empowering youth as teachers, Scout leaders, or in some other capacity?	
Volunteer Experience:	
Experience as a trainer or teacher with adults:	

TEAM MEMBER 3:

Name:	
Date of Birth:	
Nationality:	
Passport number:	
Date of Issuance:	Date of expiration:
Email:	
Phones:	Fax:

Mobile phone:
Position/employment:
Teaching/Training Experience: What experience do you have in teaching, supervising and/or empowering youth as teachers, Scout leaders, or in some other capacity:
Volunteer Experience:
Experience as a trainer or teacher with adults:

TEAM MEMBER 4:

Name:
Date of Birth:
Nationality:
Passport number:
Date of Issuance: Date of expiration:
Email:
Phones: Fax:
Mobile phone:
Position/employment:
Teaching/Training Experience: What experience do you have in teaching, supervising and/or empowering youth as teachers, Scout leaders, or in some other capacity?
Volunteer Experience:
Experience as a trainer or teacher with adults:

SCHOLARSHIP:

Please complete the following section if you would like your team to be considered for a scholarship for the Institute.

Team Contribution to Institute Fees: Our team can pay the following amount of the \$2000 registration fee per team. \$_____ (Note: Put 0\$ if you cannot pay any of the fee. Your contribution will allow us to help others attend the Institute.)

Airfare: We need a scholarship to cover airfare for team members. Yes_____ No_____

PLEASE NOTE: Teams must have the financial capacity to fulfill their obligation to train and follow up with at least five schools in their country during the 2010-2011 academic year.

Please complete this form and email it to **ltc_program@avs.org.lb** or fax it to: **00961-1-449470** as soon as possible, but no later than **June 15**.

For more information you may also call or email:

Dr. Patricia Nabti
AVS Director
pnabti@avs.org.lb

Safaa El-Makkaoui
LTC Program Coordinator
ltc_program@avs.org.lb
961-3- 277 335

Dalal Farah
Manager, Arab Initiative
initiative@avs.org.lb
961-70 571924