**District 6420 Vocational Training Team Application**

### Participant Contact Information

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| Team leader: | | |  | | | | | Team member: | | | |  | | | | |
| Family name: | | |  | | | | | | | | | | | First name: |  | |
| Rotarian: | | Yes | | | |  | | | | No |  | | If yes, please list Rotary ID: | | |  |
| Gender: | Male | | | | |  | | | | Female |  | | | | | |
| Address: |  | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | |
| E-mail address: | | | |  | | | | | | | | | | | | |
| Primary phone: | | | | |  | | | | | | | | | | | |
| Secondary phone: | | | | | | |  | | | | | | | | | |
| Country of citizenship: | | | | | | | | |  | | | | | | | |

### Emergency Contact Information

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Family name: | | |  | | | First name: |  |
| Relationship: | |  | | | | | |
| Address: |  | | | | | | |
|  | | | | | | |
|  | | | | | | |
| E-mail address: | | | |  | | | |
| Primary phone: | | | |  | | | |
| Secondary phone: | | | | |  | | |

### Experience

I have provided an electronic copy of my curriculum vitae or résumé with this application.

### area of focus and Goals for the Uganda vocational training team

With which area(s) of focus are your skills aligned

PUBLIC HEALTH:  Sanitation  Hygiene  Nutrition

RESTAURANT:  Pastry  Food preparation  Menu development

BUSINESS MANAGMENT:  Business plans  Marketing  Keeping books

Explain how your educational and/or professional expertise relates to the area of focus.

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Please describe your goals for participating in this training.

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### LANGUAGEs and EDUCATION

List the languages you speak (including native language) and your proficiency level.

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| Language | Proficiency |
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### Agreement

As a member of a Rotary Foundation Global Grant team for vocational training, I agree to the following

conditions of award.

I:

1. Confirm that I will actively participate in the vocational training and work with my team as a cohesive group in order to ensure the success of the grant.
2. Will take an active role in the pre-departure orientation including any necessary language and cultural training to ensure that I am knowledgeable about the country(ies) to be visited and thoroughly acquainted with the aims, objectives, and ideals of Rotary and the purpose of the vocational training to further Rotary’s mission.
3. That Rotary International will secure, for the duration of the trip, travel medical and accident insurance.
4. Understand that TRF will only provide for costs directly associated with grant implementation and agree to have sufficient funds to meet my personal and incidental expenses while traveling.
5. Understand that TRF has final authority to select team members. Team members or alternates may be disqualiﬁed at any time, if deemed appropriate, at the sole discretion of TRF.
6. Agree to reimburse TRF any costs I have incurred if my behavior warrants dismissal from the team.
7. Certify that the selection committee is aware of my relationship (professional or personal) to any Rotarians sponsoring my candidature and/or any other participants on the team.
8. Agree to remain with the team throughout the term of the grant, except during those periods when individual time is scheduled, and will inform the team of my whereabouts at all times.
9. Will maintain standards of behavior and deportment during my travels with the team that will reﬂect positively on Rotary, my sponsor club or district, and my country.
10. Agree to refrain from engaging in dangerous activities for the entirety of the grant. I further confirm that I understand and agree to the following:
    * I am solely responsible for my actions and property while participating in and traveling to and from grant activities.
    * While participating in this training, I may be involved in some dangerous activity including exposure to disease, injury, sickness, inadequate and unsafe public infrastructure, unsafe transportation, hazardous work conditions, strenuous physical activity, inclement weather, political unrest, cultural misunderstandings, issues resulting from noncompliance with local laws, physical injury or harm, and crime and fraud. I understand these risks and assume all risks involved with this training.
    * I do hereby release RI/TRF from any liability, responsibility, and obligation, either financial or otherwise, beyond providing the grant.
11. Agree to refrain from engaging in dangerous activities that could unnecessarily endanger or threaten the health, safety, or well-being of myself or other participants. Such activities would include, but not be limited to, skydiving, bungee jumping, extreme sports, and operating heavy machinery. I am solely responsible for my actions and property while participating in, and traveling to and from, the training
12. Agree to participate in club and district activities as requested by my sponsors.
13. Permit TRF to share my name and contact details with other vocational training teams and Rotary districts upon request. Unless I indicate otherwise in writing, by submission of the photos in connection with any report, I hereby give publication rights to RI and TRF for promotional purposes to further the Object of Rotary, including but not limited to RI and TRF publications, advertisements, and Web sites. I also authorize RI and TRF to share photos from reports with Rotary entities for promotional purposes to further the Object of Rotary.
14. Confirm that if I elect to travel after the end of the training, I agree to return to my sponsoring district within four weeks after the grant is completed.
15. Agree that my spouse or other family members, who are not approved members of the team, will not accompany the team during the term of the grant under any circumstances.

Please confirm the following:

*Please check.*

I meet the medical requirements for this grant and can fully participate in international travel

and activities during the vocational training grant.

. I release The Rotary Foundation from any and all liability with regard to my involvement

in this grant.

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| Date: |  |