



## Program Application

Applicants for participation in Operation Crossroads Africa Program must complete and submit the enclosed program application which includes the following 6 items:

✓ - Done.

- I. A completed Program Application.
- II. An autobiographical sketch of no more than two double-spaced pages that includes reference to any previous travel, group work, or relevant personal experience. (Print your name on the top of each sheet.)
- III. A response of no more than a total of three double-spaced pages to the five questions below. (Print your name on the top of each sheet.)
  1. Why do you want to participate in Operation Crossroads Africa?
  2. What is your understanding of the Crossroads program?
  3. What impressions come to mind when you hear the word Africa?
  4. How do you deal with frustrations and disappointments?
  5. If necessary, how will you raise your participation fee?
- IV. Two recent passport-sized photographs no larger than 2" by 2". Print your name on the back of each photo.
- V. A letter from your physician attesting to the fact that you have received a comprehensive medical examination within the past six months and that you have no known physical or psychological conditions that would render you unsuitable to participate in the program.
- VI. A non-refundable application fee of US \$25.00. Make the check or money order payable to Operation Crossroads Africa, Inc.

Make two copies of your complete application package. Send the original and one copy to Crossroads. Keep the second copy for your own records. Please do not submit an incomplete application package.

Mail the complete application package to: Operation Crossroads Africa  
P.O. Box 5570  
New York, NY 10027

**Deadline: February 1, 2011 for the 2011 Program.**



# Program Application

Please type or print legibly and answer all questions.

## Type of Participation (Please check one.)

- Group Member
- Group Leader (must be at least 25 years of age)

## Personal Data

- ▶ Name (LAST NAME in ALL CAPS, First Name)  
\_\_\_\_\_
- ▶ Social Security Number  
\_\_\_\_\_
- ▶ Age \_\_\_\_ ▶ Birth Date \_\_\_\_\_
- ▶  Male  Female
- ▶ Place of Birth  
\_\_\_\_\_
- ▶ Current Citizenship  
\_\_\_\_\_
- ▶ Visa status, if you are not a US citizen  
\_\_\_\_\_  
\_\_\_\_\_
- ▶ Current Address  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- ▶ Current Home Telephone Number  
\_\_\_\_\_
- ▶ Fax Number  
\_\_\_\_\_
- ▶ E-mail Address  
\_\_\_\_\_
- ▶ Permanent Address  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- ▶ Permanent Telephone Number  
\_\_\_\_\_
- ▶ Parent/Legal Guardian/Spouse's Name and Address  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- ▶ Parent/Legal Guardian/Spouse's Home Telephone Number  
\_\_\_\_\_
- ▶ Parent/Legal Guardian/Spouse's Work Telephone Number  
\_\_\_\_\_
- ▶ Parent/Legal Guardian/Spouse's Fax Number  
\_\_\_\_\_
- ▶ Other Parent/Legal Guardian's Name and Address  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- ▶ Other Parent/Legal Guardian's Home Telephone Number  
\_\_\_\_\_
- ▶ Other Parent/Legal Guardian's Work Telephone Number  
\_\_\_\_\_
- ▶ Other Parent/Legal Guardian's Fax Number  
\_\_\_\_\_
- ▶ Name of Emergency Contact  
\_\_\_\_\_
- ▶ Emergency Contact's Home Telephone Number  
\_\_\_\_\_
- ▶ Emergency Contact's Work Telephone Number  
\_\_\_\_\_
- ▶ Emergency Contact's Fax Number  
\_\_\_\_\_

## Education/Employment Background

▶ School Name  
\_\_\_\_\_

▶ Major/Concentration  
\_\_\_\_\_  
\_\_\_\_\_

▶ Career Goal  
\_\_\_\_\_

▶ Occupation, if not a student  
\_\_\_\_\_

▶ List the names and addresses of three people who have agreed to serve as references for you. Download the Volunteer Reference Form from [OperationCrossroadsAfrica.org](http://OperationCrossroadsAfrica.org) and give it to them to fill out and return to Operation Crossroads Africa.

Name  
\_\_\_\_\_

Address  
\_\_\_\_\_  
\_\_\_\_\_

Relationship to Applicant  
\_\_\_\_\_

Name  
\_\_\_\_\_

Address  
\_\_\_\_\_  
\_\_\_\_\_

Relationship to Applicant  
\_\_\_\_\_

Name  
\_\_\_\_\_

Address  
\_\_\_\_\_  
\_\_\_\_\_

Relationship to Applicant  
\_\_\_\_\_

## Qualifications and Interests

▶ What languages, other than English, do you speak? Indicate your level of proficiency in each language: **fair**, **good**, or **fluent**.

Language \_\_\_\_\_ Proficiency \_\_\_\_\_  
Language \_\_\_\_\_ Proficiency \_\_\_\_\_  
Language \_\_\_\_\_ Proficiency \_\_\_\_\_

▶ Do you wish to be assigned to a French-speaking country?  
 Yes  No

▶ Do you wish to be assigned to a particular country? If so, which?  
\_\_\_\_\_

▶ Do you wish to be assigned to a particular type of project? If so, which?  
\_\_\_\_\_

▶ Do you have a passport?  Yes  No  
(If no, apply for one immediately.)  
If yes, what country issued your passport?  
\_\_\_\_\_

What is your passport number?  
\_\_\_\_\_

▶ How did you hear about Operation Crossroads Africa?  
 Website  Brochure  Poster  
Study/Volunteer Fair (name/location)  
\_\_\_\_\_

Advertisement (name of publication)  
\_\_\_\_\_

Professor (name)  
\_\_\_\_\_

Crossroader (name)  
\_\_\_\_\_

Other  
\_\_\_\_\_  
\_\_\_\_\_

Group leaders must submit this application and responses to the Scenarios which can be found on the website at: [www.OperationCrossroadsAfrica.org](http://www.OperationCrossroadsAfrica.org).