

# Bridge2Aid Volunteer Teams

## Application Pack

### Introduction

Thank you for your enquiry about volunteering for Bridge2Aid (B2A) in Mwanza, Tanzania.

A visit to Mwanza is a life changing experience. Be prepared to return to the UK a different person! It is a great opportunity to develop yourself and use your skills to serve the poor and marginalised of the region. We hope to provide you with a rewarding and challenging experience, and for you to leave knowing that you have made a difference.

Although we will arrange many of the practical aspects of your trip, there are a number of things you will need to prepare for, both practically and personally. We will make it clear what areas of planning are your responsibilities in the documents sent to you after interview. The information that follows will hopefully fill you in on what you can expect, and the preparation involved in a successful visit. We have tried to include everything that from our experience, you need to know. However, if you have any further questions, please contact the Bridge2Aid office using the contact details at the end.

Please therefore take time to complete all sections of the application form in as much detail as possible.



Ian Wilson  
Executive Director, Bridge2Aid

## Background Information

### Bridge2Aid Programmes

#### Community Development with the 'Maskini'

In every society there are those who exist at the margins. In Tanzania they are known as the Maskini - leprosy sufferers, victims of other disfiguring diseases and the disabled. Ostracised by mainstream society, they live on the streets, eking out an existence and trying to avoid the physical consequences of the rejection they attract. B2A have established aid programmes, and we are working to introduce long-term development programmes with this community both in the city and at Bukumbi Community Care Centre. It is this programme that you will be supporting on your visit.

#### Clinical Officer Training

Dental caries is a huge issue for people living in developing countries, and Tanzania is no exception. Without access to a dentist or even someone who can safely remove a decayed tooth, Tanzanians face suffering the daily agony of severe toothache or risking injury by seeking unqualified help. Our dental work is helping to provide access to safe emergency dentistry for hundreds of thousands of people each year through treatment and training programmes for Tanzanian health care workers.

## Visit Itinerary - Summary

The programme will run between 6<sup>th</sup> and 21<sup>st</sup> September 2008. You leave Heathrow in the afternoon of Saturday 6<sup>th</sup> and fly overnight to Dar es Salaam and then onwards to Mwanza later that day. You will return to Heathrow at 5pm on the following Sunday afternoon 14 days later. During your stay, you will be involved in refurbishing dormitories at Bukumbi Care Centre, a government facility for disabled people. There is also the option to take part in activities with children at the centre. We have planned the programme so that there is a balance between work and time off, and there is an option in the middle of your stay for a safari in the Serengeti National Park, which we highly recommend.

The itinerary is as follows (subject to change), Tanzania is 3 hours ahead of GMT:

Saturday	Heathrow & Overnight BA flight
Sunday	Stopover in Dar, evening flight to Mwanza
Monday	AM – Orientation PM – Travel to Bukumbi
Tuesday-Friday morning	Work at Bukumbi
Friday	PM – travel to Mwanza/Serengeti
Saturday & Sunday	Either time off in Mwanza or Safari/Lodge options
Monday – Thursday	Work at Bukumbi
Friday	Debrief
Saturday	AM travel to Dar, PM off
Sunday	Travel Dar es Salaam to London

**Weekend Option One – Safari** – Friday pm to Sunday pm – approx \$400

**Weekend Option Two – Lodge** – Friday pm to Sunday PM – stay at a lodge on the edge of the park/lake – approx \$200

**Weekend Option Three** - People who choose not to go on Safari or the lodge will return to Mwanza after work on Friday and will have free time in the city on Saturday and Sunday before joining the rest of the group on Sunday evening for dinner.

## **Accommodation**

During the working weeks you will stay at Kalawande Conference Centre which is only a few hundred yards from Bukumbi Care Centre. Kalawande is a catholic run centre with basic but clean and comfortable facilities. You will have your own room with a sink and use of the shower and toilet facilities which we will share as a team. There is a seating area for use in the evenings with satellite television. The centre has 24 hour security (no less than 10 dogs!) so is a safe and comfortable venue for the 7 nights you will spend close to Bukumbi Care Centre.

If you take up the Safari option in the middle of your visit, you will stay at a very comfortable lodge located on the edge of the Serengeti National Park. The food is good, and there is the most incredible wildlife on the doorstep.

You will return home via Dar which requires an overnight stay to make the morning BA flight. The Kilimanjaro Kempinski is one of Dar's best and has a great waterfront location – a nice treat at the end of your visit.

## **Food**

Breakfast each day is provided at the hostel & conference centre. Lunch on workdays will be provided on site – a packed lunch which we will bring from Mwanza consisting of filled rolls, fruit, samosas and cake. Dinner will be provided at Kalawande.

We will provide bottled water during working days, but you will need to pay for soft drinks at other times yourself. There is no alcohol allowed on the Kalawande site.

Although the food is good, it is different to what you are used to. Come prepared with snacks if you have think you are likely to struggle with a different diet.

## **Transport**

We will transport you to and from Mwanza Airport. On your arrival from the UK, you will have a 7-9 hour delay, and so be allocated a day room at the Kilimanjaro Kempinski in Dar Es Salaam. There is a courtesy shuttle bus which will take care of your transfers.

We will use local transport to take you to and from Bukumbi. Outside of working times we will use our own vehicles or local taxi companies to transport you around.

## **Free Time**

There are a couple of dinners at either end of your visit that we will organise. The other evenings you will be at Kalwande. The weekend of your visit can either be used to take advantage of the safari option (for which we have a very special rate), or you can stay in Mwanza region and explore the local area. However, we would advise the Safari as there are few things to do in the area. The main tourist attraction is the wildlife in the Serengeti. We'll advise you of what there is to do in the Pre-visit Information pack.

## **Costs**

There are three elements to your costs:

- 1) £100 non-refundable registration fee, payable within 2 weeks after interview.
- 2) International Flights Costs – around £600, depending on the time of year and prevailing oil prices, taxes, exchange rates etc. You pay this directly to our travel agents.
- 3) Sponsorship costs – minimum £375. This covers everything involved in the trip, all the costs associated with your travel and accommodation and all your transport to and from Bukumbi etc. You can choose to pay some or all of this cost yourself, or fundraise it. The minimum covers your actual costs – we would like you to accept the challenge and raise as much as you can! Our vision of improving the lives of the Maskini in Mwanza is an enormous challenge for us, and we are asking you to partner with us in facing this challenge and raise more funds. We will help you with a full pack of fundraising ideas.

Other things you will need to pay for are inoculations, visa (£38) and anti-malarials, which we would advise as mandatory (will cost you around £35 to cover a ten-day visit). The safari/lodge options in the middle of the visit (£200/£100) are optional extras and not included in the above.

## Flights

We use British Airways to fly to and from Tanzania, and Air Tanzania, who operate modern Boeing 737s between Dar and Mwanza.

## Language

Kiswahili is the national language of Tanzania, although English is understood in some places. **We strongly recommend that you learn a few key phrases as well as some greetings before you come.** These will be provided in the Pre-visit Information pack. Visitors in the past have regretted not spending some time and effort getting to know the language in advance.

## What to do next

We've tried to make this information as comprehensive as possible, but there may be things we have missed. Please do contact us if you have any more questions.

If you would like to apply for a place on the Bukumbi Work Team, please complete the Application Form, Medical Questionnaire and Participant Conditions that follow and send them with the other items on the checklist at the end to:

Bukumbi Work Team 2008, Bridge2Aid, PO Box 4173, Sheffield, S6 9BW

We will confirm an interview date with you within 2 weeks of receiving your application.

If you are successful, we will require a £100 registration fee (made payable to Bridge2Aid) and a £55 flight deposit within 2 weeks of interview to confirm your place. The full balance for the trip and the remainder of your flight cost is payable **10 weeks** (28<sup>th</sup> June) before the visit start date.

# Bridge2Aid Bukumbi Work Team 2008 - Application Form

Please use block capitals and print clearly.

Personal Information			
Surname			
First & Middle			
Preferred Name			
Title			
Date of Birth		Gender	
Nationality		Religion (for British Consulate – feel free to leave blank!)	
Special Diet? (Vegetarian etc – please specify)			
Address (incl post code)			
Telephone			
Mobile			
Email			

Professional Qualifications	
Date	Details

Previous Cross-Cultural Experience (including recreational)		
Dates	Destination	Activities

Please explain your reasons for applying (continued over)

**Please write a couple of paragraphs about your interests, hobbies, what motivates you, your strengths and weaknesses.**

**Do you have any specific building skills/experience or Children's work experience (this is NOT mandatory)**

All applicants must attend an interview. We will contact you with appropriate dates once we have received your application.

Please indicate which Interview Centre you would prefer –

Chichester/South Coast		Derby/Midlands	
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## Referees

Please supply details of two referees. If your application is successful we may take up these references. Both referees should have known you for a minimum of 12 months.

Referee 1	
Surname	
First Name	
Title	
Address (incl post code)	
Telephone	
Fax (if available)	
Email	

Referee 2	
Surname	
First Name	
Title	
Address (incl post code)	
Telephone	
Fax (if available)	
Email	

# Medical Questionnaire – STRICTLY CONFIDENTIAL

Name	
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In the event of you becoming ill or suffering an accident whilst on placement, the following information will be made available to the attending medical personnel. Please complete each section fully and accurately, and sign the declaration at the end. All information will be treated in the strictest confidence.

## Immunisation Record

Please provide an accurate record of all listed immunisations including the month and year.

TYPE	No	Yes	dd	mm	yy	TYPE	No	Yes	dd	mm	yy
Diphtheria (child series of three)	<input type="checkbox"/>	<input type="checkbox"/>				MMR	<input type="checkbox"/>	<input type="checkbox"/>			
Polio (series of three)	<input type="checkbox"/>	<input type="checkbox"/>									

If you do not know the dates of your childhood immunisations, please sign this disclaimer:  
All the child immunisations above are complete to the best of my knowledge.

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

\_\_\_\_\_  
Date

TYPE	No	Yes	dd	mm	yy	TYPE	No	Yes	dd	mm	yy
Polio Booster (as adult)	<input type="checkbox"/>	<input type="checkbox"/>				Hep A (1 <sup>st</sup> in series)	<input type="checkbox"/>	<input type="checkbox"/>			
Diphtheria (in last 10 years)	<input type="checkbox"/>	<input type="checkbox"/>				(2 <sup>nd</sup> in series)	<input type="checkbox"/>	<input type="checkbox"/>			
Tetanus (in last 10 years)	<input type="checkbox"/>	<input type="checkbox"/>				Hep B (1 <sup>st</sup> in series)	<input type="checkbox"/>	<input type="checkbox"/>			
Typhoid	<input type="checkbox"/>	<input type="checkbox"/>				(2 <sup>nd</sup> in series)	<input type="checkbox"/>	<input type="checkbox"/>			
Yellow Fever	<input type="checkbox"/>	<input type="checkbox"/>				(3 <sup>rd</sup> in series)	<input type="checkbox"/>	<input type="checkbox"/>			
Rabies	<input type="checkbox"/>	<input type="checkbox"/>				Varicella (Chicken Pox)	<input type="checkbox"/>	<input type="checkbox"/>			
Meningococcal Meningitis	<input type="checkbox"/>	<input type="checkbox"/>									

## Medical History

Communicable Diseases – have you ever had any of the following?					
<input type="checkbox"/> Yes <input type="checkbox"/> No	Chicken Pox	<input type="checkbox"/> Yes <input type="checkbox"/> No	Rubella	<input type="checkbox"/> Yes <input type="checkbox"/> No	Scarlet Fever
<input type="checkbox"/> Yes <input type="checkbox"/> No	Pertussis	<input type="checkbox"/> Yes <input type="checkbox"/> No	Measles	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mumps
<input type="checkbox"/> Yes <input type="checkbox"/> No	TB Date:	TB Skin Test <input type="checkbox"/> Negative <input type="checkbox"/> Positive Date:			

YES	No	?	Check each item Yes, No or ? (for unsure) Every item checked 'Yes' or '?' must be explained in blank space to the right
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Do you have any medical condition that is currently, or in the last 5 years has been treated by a doctor?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Do you have any allergies? Are you allergic to any medications or foods?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Are you on a special or restricted diet?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Have you ever been denied life or health insurance for any reason?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Have you ever had any significant illness or injuries other than those already noted ? If 'Yes' please specify.

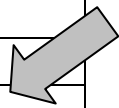
YES	No	?	Have you ever been diagnosed with any of the following? Every item checked 'Yes' or '?' must be explained in blank space to the right
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin Cancer ♦ Eczema ♦ Skin Rash ♦ Hives ♦ Allergic Reaction ♦ Dermatitis ♦ Any Other Skin Disease?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Asthma ♦ Bronchitis (Recurrent Or Chronic) ♦ Emphysema ♦ Shortness of Breath ♦ Chronic Cough ♦ Pneumonia ♦ Hay Fever ♦ Tuberculosis ♦ Any Other Lung Disease?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatic Fever ♦ High Blood Pressure ♦ Fainting or Blackouts ♦ Heart Surgery ♦ Varicose Veins ♦ Heart Failure ♦ Irregular Heart Beat ♦ Heart Murmur ♦ Frequent Hand Or Feet Sweating ♦ Angina ♦ High Cholesterol ♦ Heart Attack ♦ Blood Clots ♦ Stroke ♦ Any Other Heart Disease.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Jaundice ♦ Hepatitis ♦ Hernia Or Rupture ♦ Stomach Or Duodenal Ulcer ♦ Liver Cirrhosis ♦ Divert Colitis ♦ Any Other Colon, Liver Or Stomach Disease?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kidney Failure, Disease Or Insufficiency ♦ Kidney Stone ♦ Kidney Or Bladder Infection ♦ Bladder Polyps Or Tumour ♦ Loss Of Bladder Control ♦ Any Other Kidney Or Bladder Disease?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Depression ♦ Sleep Disorder ♦ Neuropathy (Nerve Pain) ♦ Numbness Or Abnormality In Arms or Legs ♦ Dizziness Or Vertigo ♦ Epilepsy Seizures ♦ Polio ♦ Stroke ♦ Serious Head Injury ♦ Nervous Breakdown ♦ Problems With Motion Sickness ♦ Nervousness ♦ Multiple Sclerosis ♦ Narcolepsy ♦ Severe Or Migraine Headaches ♦ Chronic Or Excessive Fatigue ♦ Paralysis Or Pinched Nerves ♦ Weakness ♦ Amnesia ♦ Any Other Nervous System Disorder?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes ♦ Thyroid Problems ♦ Hearing Loss ♦ Vision Loss ♦ Colour Blindness ♦ Glaucoma ♦ Any Other Eye Disease?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Blood Clotting Or Bleeding Disorder ♦ Anaemia ♦ Any Other Blood Disorder?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cancer Of Any Kind?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neck Strain ♦ Disc Condition ♦ Carpal Tunnel Syndrome ♦ Surgery (Back Or Neck) ♦ Foot Pain Or Problems ♦ Sciatica ♦ Fractures ♦ Bone Or Joint Disease ♦ Amputations ♦ Gout ♦ Arthritis ♦ Muscle Disease Or Fibromyalgia ♦ Back Strain ♦ Tendonitis, Bursitis, Joints That Lock, Catch Or Give Way ♦ Tingling Shoulder Strain Or Rotator Cuff Problem ♦ Any Other Muscle, Bone Or Joint Problem?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Alcohol Abuse, Drug Abuse or Chemical Dependency?

<b>Prior Medical Testing</b> In the last 10 years, list all x-rays, blood tests, exercise tests, heart catheterizations, ultrasounds, scans, brain scans or major surgeries that are related to any significant illness or physical conditions.	
Year	Type of Test

<b>Blood Transfusions: List any blood transfusions you have had, including dates and reasons.</b>	
Date	Reason

Blood Type:  A  B  O  Positive  Negative

Please complete the Blood type section



Next of Kin	
Surname	
First Name	
Relationship	
Address (incl post code)	
Emergency Contact Numbers	
Daytime Land line	
Evening Land line	
Mobile	

Drug Allergies and Intolerance:

Medications Taken in the Past Five Years:

**Declaration**

I, \_\_\_\_\_ have completed this medical form to the best of my knowledge. I also understand the need to report changes in my health status of treatment rendered by a doctor prior to the Bukumbi Work Team 2008.

I request that this personal medical history be forwarded to Bridge2Aid in Mwanza, Tanzania so that I may be given any necessary medical attention should that become necessary or appropriate.

I certify that all statements given on this application are correct with no omissions.

In the course of my visit to Tanzania with Bridge2Aid, should it become necessary that I require medical treatment, I hereby agree to the performance of such treatment, anaesthetics and operations as, in the opinion of the attending physician, are deemed necessary.

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

\_\_\_\_\_  
Date

Return this Questionnaire with the other items on the Application Checklist.

**\*\* Note – applicants over 55 years of age will be required to provide a letter from their GP confirming fitness to take part in the volunteer activities.**



## Bridge2Aid Volunteer Programmes

### Participant Conditions

- 1) I agree to pay Bridge2Aid a non-refundable Registration Fee of £100 within 2 weeks of being offered a place.
- 2) If accepted:
  - a) I agree to pay Bridge2Aid the remaining £375 (less flight costs) ten weeks before departure. If then unpaid, I understand that Bridge2Aid may withdraw my place.
  - b) I agree to pay my international flight costs directly to Skylink Travel as instructed by Bridge2Aid by not later than ten weeks prior to departure.
  - c) I agree that if I withdraw my place with the DVP trip less than 10 weeks before departure I am liable to pay for my flight costs.
- 3) I confirm that:
  - a) I will be at least 18 years old on the date of departure.
  - b) I will have adequate travel insurance that will cover me for the specific activities I will be undertaking, including emergency repatriation and repatriation of my remains. If I do not provide proof of travel insurance by no later than 8 weeks prior to departure Bridge2Aid may withdraw my place.
  - c) I do not suffer from alcohol or drug dependency, or from any chronic condition which might become acute during the visit.
  - d) I do not have any criminal convictions and I hereby give my consent Bridge2Aid making a CRB search.
- 4) I understand that:
  - a) Bridge2Aid shall not be liable for any changes to itineraries, schedules and accommodation.
  - b) Bridge2Aid shall not accept liability for any loss or damage, however arising, or for cancellation of the visit for any reason outside its control.
  - c) My passport must have at least six months to run from the date I return to the UK. It is my responsibility to obtain a valid visa before the visit.
  - d) I participate at my own risk.
  - e) If I am refused passage and/or entry/exit to or from Tanzania, any additional costs incurred are my responsibility.
  - f) Bridge2Aid may, at its sole discretion, withdraw places on the visit. Bridge2Aid will then refund my payments other than item 1. above.
- 5) I agree to uphold the highest standards of behaviour at all times. I will adhere to B2A's guidance on appropriate cultural behaviour and dress during the visit, and understand that failure to do so may lead to my being excluded from activities during the visit at B2A's discretion, as normally exercised by the Operations Director or Team Leader.

**I apply to take part in the Bridge2Aid Bukumbi Work Team 2008, and agree to abide by the above Participant Conditions.**

I confirm that my general state of health and fitness is good and I take full responsibility for my fitness to take part. I have read the Volunteer Policy and have complied with the medical advice including necessary inoculations and malaria prophylaxis.

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Applicant Signature

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Date

## Application Checklist

Please return the following:

- Completed Application Form
- Complete & Signed Medical Questionnaire
- Signed Participant Conditions
- 2 x passport-sized photographs

to Bukumbi Work Team 2008  
Bridge2Aid  
PO Box 4173  
Sheffield  
S6 9BW

Tel: 0114 232 6030

Email: [enquiries@bridge2aid.org](mailto:enquiries@bridge2aid.org)