

# HIMANCHAL EDUCATION FOUNDATION

412 W. 48th Street, Suite 12

Kearney, Nebraska 68845

## HIMANCHAL EDUCATION FOUNDATION VOLUNTEER APPLICATION

Potential volunteers must complete this application and return it to Dr. Ron Konecny:  
ron@himanchal.org

Upon acceptance, a \$100.00 USD application fee is required. The fee covers the processing of your application and room and board in the village for 4 weeks. If you plan on being in the village beyond 4 weeks, an additional \$25.00 USD per week for board and room will be required. The information provided on the form will assist staff at the Foundation and at the school/village as they plan your activities in Nepal and establish a schedule that best fits your needs and those of the school/village.

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

Email address \_\_\_\_\_

Telephone \_\_\_\_\_

Dates, exclusive of travel, you want to be at Nangi Village/Nepal

\_\_\_\_\_

Educational Background:

High School Diploma \_\_\_\_\_

year

University Degree \_\_\_\_\_

year

Major \_\_\_\_\_

Minors \_\_\_\_\_

Do you have a Teaching Certificate? \_\_\_\_\_ State/Province \_\_\_\_\_

EXPERIENCE; Describe your work experience, especially what you think will be helpful to your volunteer experience at Nangi Village/other requesting location.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe any other skills you believe could be helpful to students and families at Himanchal.

---

---

---

---

---

---

---

What are your goals for your experience at Himanchal?

---

---

---

---

---

---

---

**Please verify that your medical insurance will provide coverage to you as you travel and during your time in Nepal. Insurance carrier \_\_\_\_\_  
Coverage has been verified. Signature \_\_\_\_\_ Date \_\_\_\_\_**

**Himanchal High School and Himanchal Educational Foundation does not assume any responsibility for injury or death during your travel or time serving as a volunteer. Your signature on this application verifies your acceptance of that condition.**

Name and Address of individual to be notified in case of illness or other emergency:

---

---

---

---

---

---

---

Phone

e-mail

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date