



## Application Form

### APPLICANT'S INFORMATION

Last name:		Mr. Mrs.	Miss Ms.		
First:		Birth date: Day/Month/year		Age:	Sex: F M
Email address:					
Street address:		City		Home phone no.:	
State/County:	Zipcode/Postcode		Country:		Mobile no:

### ADDITIONAL INFORMATION – ABOUT THE CHARITY

1. Tell us how you learned about the Omid-e-Mehr center in Tehran and if you have any involvement with the charity so far?

2. How you plan to raise the \$500 needed to cover the costs of the OMID Angels Program?

3. What fundraising you could do when you get home to raise money for the Omid Foundations.

## ADDITIONAL INFORMATION – ABOUT YOU

1. Who are you/ Please describe yourself (100 words or less)

2. Explain why you are applying and what you will gain from the experience (100 words or less)

3. What is the biggest challenge facing women in the country you currently reside in (200 words or less)

4. If you are accepted, what will your personal goals be during your time here? (150 words or less)

5. What are your long term career objectives? (150 words or less)

6. How is your spoken Persian?  
(please type in the appropriate word)

Fluent    Good    Average    Basic    Non-existent

7. How is your written Persian?  
(please type in the appropriate word)

Fluent    Good    Average    Basic    Non-existent

8. What is the last book that you read?

9. What are your three most visited websites?
10. What is your favorite hobby outside school?
11. What social networking sites, if any, do you belong to?

Please give details of 2 referees who will be happy to give you a reference. These can be personal or through school or work.

REFERENCES			
<b>REFEREE 1:</b>			
Last name:		Email:	
First:		Occupation:	
Street address:		City	Home phone no.:
State/County:	Zipcode/Postcode		Country:
How do you know this person?			

REFERENCES			
<b>REFEREE 2:</b>			
Last name:		Email:	
First:		Occupation:	
Street address:		City	Home phone no.:
State/County:	Zipcode/Postcode		Country:
How do you know this person?			

## PARENTAL PERMISSION (IF UNDER 18)

I give permission for my son/daughter take part in the Omid Angels Program. I understand that they will be responsible for raising \$500 to cover the costs of running the program and will be responsible for finding their own accommodation and travel to and from Tehran. I understand the Omid Foundations is not responsible for my son/daughter whilst they are in Iran and another adult will take responsibility for them.

Last name:

First:

Relationship to applicant:

Signed:

## APPLICANT'S DECLARATION

I understand that I am responsible for raising \$500 to cover the costs of running the program and will be responsible for finding my own accommodation and travel to and from Tehran. I understand I am responsible for getting my own visa which may be needed for my trip. I understand the Omid Foundations is not responsible for me when I am in Iran. I also understand that I am responsible for committing to a mutually agreed program of fundraising and awareness raising for the Omid Foundation on my return.

Signed:

Date:

Please check you have fully completed this form , then send as an email attachment ideally in PDF format to [info@omidfoundation.com](mailto:info@omidfoundation.com) - Thank You.