



**The Florida Association for Volunteer Action in the Caribbean and
the Americas, Inc. (FAVACA)**

**FLORIDA INTERNATIONAL VOLUNTEER CORPS
REQUEST FOR ASSISTANCE**

To initiate our partnership, we ask that you provide certain information outlined in the accompanying form to help guide our selection of a volunteer. On a weekly basis we review and approve requests and immediately start the search for volunteer candidates. As we identify potential volunteers, we will forward their biographical information for your review. Once you select a volunteer, we will put them in contact with you to clarify expectations, work out an agenda, and confirm dates. We will make the flight arrangements and provide the volunteer with an orientation. Once in country, we ask that you ensure that the local logistics are in place and that the volunteer's time is well spent. Upon completion of the training, we ask that you submit the "FAVACA Partner Organization Survey" provided.

I hope this brief introduction serves to give you an overview of our process.

Partner Information

Requesting Entity Name: _____

Contact Name and Title: _____

Phone: _____ Mobile / Cellular: _____ Fax: _____

Email: _____ Website: _____

Mailing Address: _____

Mission statement: _____

Executive Summary

Provide a one paragraph summary detailing the training/technical assistance request: _____

How long has the entity been in existence? _____

How many employees: _____

Does your organization serve the entire **country, region, city**? (Circle one)

In-kind assistance to be provided by your organization (value of volunteer work, value of materials provided, other contribution): US\$ _____

Is your organization a **government entity, NGO or private entity**? (Circle one)

Has your organization receive assistance from FAVACA previously? **YES** **NO** (Circle one)

Volunteer Information

Skills, knowledge and abilities required from FAVACA volunteer: _____

Number of volunteers requested: _____

Event Information

Where will the training/technical assistance be provided? _____

Brief description of your expectations to be achieved through the training/technical assistance: _____

Number of participants: _____ **Project start date:** _____ **End date:** _____

FAVACA Contribution

FAVACA will pay for the trainers' meals, airfare, travel health insurance, and hotel. In exchange for this assistance, FAVACA requests that the host organization provide the following assistance, if possible.

Host Contribution

- In-country transportation for the trainers to include picking them up from the airport, taking them to their hotel, driving them to and from their hotel and the training site on a daily basis, and taking them back to the airport upon departure.
- Discounted rate at a local hotel. At times, local hotels may be able to offer a discount to the local government or non-profit organization versus an organization outside of their country such as ours.
- Publicity for the event prior to or during the actual training. This can usually be done by submitting a press release to the local newspaper informing the community of FAVACA's contribution. We ask that you submit (via fax or e-mail) news articles that mention our name.

Signature by Executive Director/Administrator

Date

For Internal Use Only

Contract: _____ Approval Date: _____ Project #: _____

Number of Volunteers Approved: _____ Staff Signature: _____