**Stop Transmission of Polio (STOP) Program Application**

Please review the instructions before completing your STOP application and CV to ensure your application is complete. Incomplete or incorrect applications will not be considered.

**PERSONAL INFORMATION**

1. Name (as it appears on your passport): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Sex: \_\_\_\_\_\_\_\_\_\_\_
3. Marital Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Date of Birth (Day/Month/Year): \_\_\_\_/\_\_\_\_/\_\_\_\_
5. Country of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Present Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Highest Degrees earned (Please list degree title. No diplomas or certificates):

Bachelors \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Masters \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctorate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONTACT INFORMATION**

1. Primary **Physical** Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BACKGROUND INFORMATION**

1. How did you hear about the STOP Program?

[ ]  STOP website [ ]  Colleague/ Friend [ ]  CDC [ ]  WHO [ ]  UNICEF

[ ]  Conference/ Recruitment event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Social marketing network (i.e. Facebook, LinkedIn, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Why are you interested in being a STOP volunteer?

1. List previous international experience outside of country of birth (work, school, travel, training)

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Country** | **Start and end dates**  | **Reason/Purpose**  |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |

1. Language:

Level of English: [ ]  Basic [ ]  Intermediate [ ]  Advanced

Please list all other languages you speak fluently. Language fluency will determine country assignment, if accepted.

**PROFESSIONAL BACKGROUND**

1. Experience with:

[ ]  WHO [ ]  UNICEF [ ]  ROTARY

 [ ]  US Government Federal Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  NGOs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. US Government Fellowships: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. WORK HISTORY

Current Employer:

Position/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date Started (Day/Month/Year): \_\_\_\_/\_\_\_\_/\_\_\_\_

 Date Ended (Day/Month/Year): \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Supervisors Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Supervisor Contact: Phone 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Email 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List specific duties you performed in this position:

Previous Employer:

 Position/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date Started (Day/Month/Year): \_\_\_\_/\_\_\_\_/\_\_\_\_

 Date Ended (Day/Month/Year): \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Supervisors Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Supervisor Contact: Phone 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Email 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List specific duties you performed in this position:

1. Check for are you are applying for: Field Epidemiology, Data Management, or Communication (select only one position).

[ ]  Field Epidemiology (surveillance, EPI, immunization) – questions found on page 4

[ ]  Data Management (data recording, analysis, and use) - questions found on page 6

[ ]  Communication (social mobilization, media, IPC) - questions found on page 9

Please check the box for the position for which you also have experience in

[ ]  Field Epidemiology (surveillance, EPI, immunization)

[ ]  Data Management (data recording, analysis, and use)

[ ]  Communication (social mobilization, media, IPC)

**RELEVANT WORK EXPERIENCE**

\*\*Text boxes have unlimited lengths

**Complete this section if desired position is Field Epidemiology**

**Field 1** – List the number of years of experience you have in public health disease surveillance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe your public health disease surveillance experience:

**Field 2** – List the number of years of experience you have in field epidemiology: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe your field epidemiology experience (e.g., outbreak investigations, field surveys):

**Field 3** – List the number of years of experience you have in mass immunization programs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe your experience with mass immunization programs (NIDs, SIAs, Mop-ups):

**Field 4** – List the number of years of experience you have in the implementation of routine immunization-related public health programs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe your experience with routine immunization-related public health program implementation (especially with EPI):

**Complete this section if desired position is Data Management:**

**Data 1** - List the number of years of experience you have working in public health: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe your experience working at different levels of the public health system.

**Data 2** - List the number of years of experience you have supporting public health surveillance or immunization health information systems: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe your experience supporting public health surveillance or immunization health information systems:

**Data 3** - List the number of years of experience you have planning and facilitating training related to data management processes (data recording, analysis, interpretation, use): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe your experience planning and facilitating training related to data management processes:

**Data 4** - List the number of years of experience you have developing system and/or human resource capacity to strengthen health information systems: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe your experience developing system and/or human resource capacity to strengthen health information systems:

**Data 5** - List the number of years of experience you have developing and/or implementing data quality assurance processes or data quality control activities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe your experience developing and/or implementing data quality assurance processes or data quality control activities:

**Data 6** - List the number of years of experience you have using software to manage immunization and/or surveillance data: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe your experience working with District Health Information System (DHIS), Excel, Epi Info, Epi Map, MS Access, or other software/programs used to manage immunization and/or surveillance data:

**Data 7** - List the number of years of experience you have properly documenting activities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe your experience properly documenting activities, including the development of standard operating procedures, standardized reporting forms, and action or work plans:

**Data 8** - List the number of years of experience you have applying data towards public health action: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe your experience applying data towards public health action such as the development of policy or interventions (please provide a specific example and if possible, outcome):

**Complete this section if desired position is Communication**

**Communication 1** – List the number of years of experience you have in public health communication, behavior change communication, and communication for development (C4D): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe your work experience in planning and implementing public health communication, behavior change communication, and communication for development (C4D):

**Communication 2** – Indicate the number of years of public-health experience you have in media: \_\_\_\_\_\_\_\_\_

Describe your public health-related media experience:

**Communication 3** – List the number of years of experience you have in social mobilization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe your work experience in planning/implementing social mobilization activities, as related to public health or immunization programs:

**Communication 4** – List the number of years of experience you have in Interpersonal Communication (IPC) training and/or other public health media or communication training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe your experience in IPC training and/or other public health media or communication training:

**PROFESSIONAL REFERENCES** (to be completed for all positions – Field epidemiology, Data Management, and Communication)

**List 5 people not related to you who are familiar with your character and qualifications, at least two of them should be current or previous work supervisors.**

\* Text Fields have unlimited lengths

**1**. Name

 Telephone number 1:       Telephone number 2:

 **Email address - 1:**

 Email address - 2:

 Organization:       Title:

 Your professional relationship to this person:

**2**. Name

 Telephone number 1:       Telephone number 2:

 **Email address - 1:**

 Email address - 2:

 Organization:       Title:

 Your professional relationship to this person:

**3**. Name

 Telephone number 1:       Telephone number 2:

 **Email address - 1:**

 Email address - 2:

 Organization:       Title:

 Your professional relationship to this person:

4. Name

 Telephone number 1:       Telephone number 2:

 **Email address - 1:**

 Email address - 2:

 Organization:       Title:

 Your professional relationship to this person:

**5.** Name

 Telephone number 1:       Telephone number 2:

 **Email address - 1:**

 Email address - 2:

 Organization:       Title:

 Your professional relationship to this person: