*Please fill in* ***all*** *fields as requested. Once your information is complete and accurate, please sign in the space provided below.*

1. Partner Identification:  
   Applying Partner: *Full Legal Name*

- HFI Partner ID: *Partner ID*  
  
Assigned HFI Opportunity Coordinator: *First and Last Name*

1. Posting Location:

City: *City*

Province/State: *Province/State*

Country: *Country*

Region: *Select Region*

1. Role & Skills Detail:

Short Description: *Role Title*  
Expected Start timing: select expected arrival timing

Planned Duration (weeks): *weeks*

Primary Professional Skill Group: select primary profession

Secondary Professional skill(s): *List Secondary Professional Skills*  
Primary Technical Skill Group: select primary technical skill group

Secondary Technical skill(s): *List Secondary Technical Skills*  
Long Description: *Role Full Description incl. duties and outcomes*

Joining a Team Size of: *No. FT staff on Team*

1. Service Focus and Impact Groups

Service Delivery Focus – Primary: *Services/Program Type*

Service Delivery Focus – Secondary: *Services/Program Type*

Beneficiary/Impact Groups (check all that apply):

Children

Youth

Women

Men

Elderly

Descriptive Image 1: *Image File Name* (attach file with emailed application)

Descriptive Image 2: *Image File Name* (attach file with emailed application)

Descriptive Image 3: *Image File Name* (attach file with emailed application)

1. Working Language

Operating Language : *Select Language*

Other Local Language(s) spoken: *Language 1, Language 2*

1. Posting Reporting to Leader Contact Info

Title : *Select Title*

First Name: *First Name*

Last Name: *Last Name*

Gender: *Select*

Job Level: *Select Level*

Job Title: *Job Title*

E-mail ID: *Email ID*

Phone number - Office: *+Country Code – Phone number*

Phone number – Mobile: *+Country Code – Phone number*

1. Posting Cost (raised by HFI):  
   Preliminary T&L Expenses Estimate: *$0,000.00 CAD*

**I have reviewed the above submitted information, confirm it is complete and true in every respect and hereby approve and release it to Hands and Feet International for the sole purposes of applying for consideration for filling this posting with an HFI professional volunteer.**

**Authorized Partner Representative:  
  
 Print Name:**

**Signature: Date:**

*Note: Once all applicable fields have been completed, please print this form, sign and date, scan and email the attached scanned copy along with any additional e-copy files mentioned above attached to:* [info@hf-i.ca](mailto:info@hf-i.ca) *with Subject:”New Posting Opportunity Application”. Thank you!*