



U.S. Peace Corps | Armenia

REQUEST FOR A PEACE CORPS RESPONSE VOLUNTEER (PCRv)

Deliver in person to: 33 Charents Street, Yerevan, or e-mail to: hstepanyan@peacecorps.gov

Please type or print *thoroughly and clearly*.

1. DETAILS OF REQUESTING ORGANIZATION/COMMUNITY

1.1. Name: _____

Province _____ Village/Town _____

Address _____ Postal Code _____

_____ Web-page _____

Tel/Fax: () _____ E-mail _____

1.2. Head of the Organization/Community Group: _____

Name _____ Position _____

Tel/Fax: () _____ Cell Phone () _____

Home Phone () _____ E-mail _____

1.3. Person filling out this application (if different from the above person):

Name _____ Position _____

Tel/Fax: () _____ Cell Phone () _____

Home Phone () _____ E-mail _____

1.4. Date of Establishment: _____

Local

International

Branch Office (*Specify*) _____

Branch Office (*Specify*) _____

1.5. List other branches your organization has, if any:

Region	Town	Address
1.		
2.		
3.		

1.6. Field of Activities:
(Mark all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input type="checkbox"/> Gender Issues |
| <input type="checkbox"/> Business Development | <input type="checkbox"/> Civil Society Development | <input type="checkbox"/> IDP Issues |
| <input type="checkbox"/> Business Advising/Consulting | <input type="checkbox"/> Environment | <input type="checkbox"/> Health |
| <input type="checkbox"/> Business Trainings | <input type="checkbox"/> Community Development | <input type="checkbox"/> Media |
| <input type="checkbox"/> Tourism Development | <input type="checkbox"/> Youth Development | <input type="checkbox"/> Other: <u>specify</u> _____ |

1.7. Resources/Equipment available in your organization:

- | | | |
|--|---|--|
| <input type="checkbox"/> Computer(s) | <input type="checkbox"/> Library | <input type="checkbox"/> Other: <u>specify</u> _____ |
| <input type="checkbox"/> Copier | <input type="checkbox"/> Resource room | |
| <input type="checkbox"/> Internet access | <input type="checkbox"/> Land line phones | |

Number of Employees

Female	
Male	
Total	

Number of Volunteers

Female	
Male	
Total	

Working Hours:

How many days per week does your organization/community group work? _____
 How many hours per day does your organization/community group work? _____

1.8. Will you be able to offer a permanent office space for PCRV usage by providing desk, chair, stationeries and other means that might be needed for the PCRV to carry out his/her tasks:

- No Yes (If yes, please briefly describe) _____

1.9. Please identify employee(s) or community members engaged in your organization with English language competency that can support the PCRV. Please start with the person working at your organization who will be appointed by you as the main Counterpart for the PCRV.

Name and Position	English Language skills (please tick one)		
	Advanced	Intermediate	Beginner
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. ORGANIZATION BACKGROUND

2.1. Briefly describe the background of your organization/ community group. What are your mission, goals and objectives?

2.2. What ongoing projects do you have? Please indicate their timeframe – starting and ending

2.3. With which international, local, governmental and/or non-governmental organizations do you cooperate? Please list the cooperation for last three years

2.4. Please list some other local organizations and NGOs that are in your community

3. FINANCIAL BACKGROUND

3.1. What grants, loans, credits have you received during the last two years? From which organizations and/or banks did you receive grants, loans, or credit? Please indicate the project or activity and the amounts. *Please note that this information is only needed for assessing your organization's financial stability and will be dealt in a manner of confidentiality.*

3.2. If a PCRV is assigned to your organization/community group, you will be required to cover his/her work related expenses (e.g. transportation, conference costs, etc) that are related with the PCRV's work assigned by you. How will you cover them?

3.3. During the service PCRV receives living allowance from U.S. Peace Corps Armenia, which is to cover all living expenses, among them food, accommodation, utilities, local transportation for personal purposes, etc. However, U.S. Peace Corps Armenia strongly encourages the applicant organizations to partially subsidize housing related expenses, such as, paying partial rent for the PCRV housing, thus showing strong partnership attitude. Will your organization be able to provide such financial assistance for PCRV's housing related expenses?

Yes If yes, please briefly specify _____

No

4. PARTNERSHIP WITH A PCRV

4.1. Has your organization/community group ever worked with a Peace Corps Volunteer or PCRV?

- No Yes (If yes, please briefly describe)

4.2. Which areas would you like to improve and/or develop in your organization/ community group?
What skills/knowledge would you like to gain from the PCRV?

4.3. How do you see the partnership and cooperation with a PCRV? What will be the PCRV's duties and responsibilities?

4.4. What background, experience and skills should a PCRV possess in order to best benefit your needs?

4.5. What is the Projected start date of the assignment (please indicate the month and the year when you want the PCRV to start work, taking into consideration the timeframes mentioned in the “Guidelines for Organizations Requesting Response Program Volunteers”.)

4.6. For what period of time you want the PCRV to work at your organization?

4.7. What language competences you want the PCRV to have (besides English)?

5. HOST FAMILY / HOUSING INFORMATION

5.1. In order to be considered for receiving a PCRV, we are expecting you to identify sufficient housing for the PCRV, as well as assist the PCRV in housing related matters in future. Therefore, at least two potential families are needed to be identified for hosting the PCRV in your community. The families should be able to provide a separate room for the PCRV, as well as assist the PCVR for getting integrated into local culture and living habits:

<u>Family 1</u>	<u>Family 2</u>
Name _____	Name _____
Address _____	Address _____
Tel/Mob: () _____	Tel/Mob: () _____
Distance from Site _____	Distance from Site _____
Number of rooms and total sq, meter _____	Number of rooms and total sq, meter _____
Floor Number _____	Floor Number _____
Number of family members _____	Number of family members _____

Please note that once your request for PCRV will be approved, the selected families will be asked to fill-in another form, as well as will be visited by the Peace Corps Armenia staff member for further guidance and clarifications.

5.2. Meanwhile, taking into consideration that the service of a PCRV can differ from three months up to one year, usually the housing arrangements for PCRVs vary and are defined individually case by case. For example, a PCRV might prefer living with the Host Family for the full duration of the service, while another PCRV might prefer moving out from the host family after certain time and start living separately by renting a flat. Also the PCRV might prefer living individually from the very beginning of the service, therefore the requesting organization, in cooperation with U.S. Peace Corps Armenia relevant staff member and PCRV, should collaborate for providing reasonable housing option. The recommended way is that upon arrival of the PCRV, both separate housing and host family options are already identified and ready, so the PCRV has an opportunity to choose. With these purposes, it is necessary to identify a person within the requesting organization (this can be either the Counterpart motioned in paragraph 1.8 or some other staff member with sufficient skills), who will be dealing with the PCRV housing issues, particularly taking the lead on finding host families and houses/flats. This person should actively cooperate with U.S. Peace Corps Armenia's relevant staff member coordinating PCRVs, in order to ensure that suitable housing alternatives are provided to PCRV and Peace Corps housing standards are met. Please provide the name and the contacts of person who will be supporting the PCRV for housing related matters before PCRV's arrival and during the PCRV's service:

Name _____
 Position _____
 Address _____
 Tel/Mob: () _____
 E-mail _____

Please note that failure to identify appropriate housing may result in disqualification of your organization or community to receive a Peace Corps Response Volunteer.

6. STATEMENT OF PURPOSE

Use the space below to further describe your ideas on collaboration with PCRV. What kind of activities would you like the PCRV to become involved in? Describe the support that you will give the PCRV. Please also tell us if you have any questions or concerns about hosting an American PCRV.

Please share any additional information and references (brochures, booklets, publications, etc) that will assist Peace Corps in assessing your request for a PCRV.

SIGNATURE AND STAMP

Head of the Organization

Name _____

Stamp

Signature _____

Date _____

Thank you for your interest in working with Peace Corps Response Volunteer!