

# 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

8. Primary **Physical** Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_
- Email 1: \_\_\_\_\_ Email 2: \_\_\_\_\_

---

## BACKGROUND INFORMATION

9. 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: \_\_\_\_\_

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

11. 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			

12. 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**

13. Experience with:

- WHO             UNICEF             ROTARY  
 US Government Federal Agency: \_\_\_\_\_  
 NGOs: \_\_\_\_\_

14. US Government Fellowships: \_\_\_\_\_

**15. 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:

16. 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 collection, analysis, GIS) - 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 collection, analysis, GIS)

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 in data management: \_\_\_\_\_

Describe your data management experience, including data collection, data cleaning, data analysis, and data quality control:

**Data 2** - List the number of years of experience you have in public health disease surveillance data management: \_\_\_\_\_

Describe your public health disease surveillance data management experience:

**Data 3** - List the number of years of experience you have working with immunization data: \_\_\_\_\_

Describe your immunization data management experience:

**Data 4** - List the number of years of experience you have facilitating data management training within the public health system: \_\_\_\_\_

Describe your experience facilitating data management training within the public health system:

**Data 5** - List the number of years of experience you have with data management programs: \_\_\_\_\_

Describe your experience working with Epi Info, Epi Map, MS Access, STATA, SPSS, or SAS:

**Data 6** - 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 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:



**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:

---