



VOLUNTEER APPLICATION

IMPORTANT INSTRUCTIONS:

1. Please read this application and answer each question thoroughly.
2. Carefully read the "Release and Waiver of Liability. It must be signed and witnessed.
3. Applications must be received 45 days prior to departure.

GENERAL INFORMATION:

Please Print or Type.

Name: First _____ Middle _____ Last _____

Address: _____ City _____ State _____ Zip _____

Phone: Home (_____) _____ - _____ Work (_____) _____ - _____

E-mail address _____

Date of Birth: ____/____/____ Gender: M F

Do you have a roommate request? Yes No

Name: First _____ Middle _____ Last _____

DEPOSIT & PAYMENTS

With Registraion \$200.00

30 Days Prior to Departure Balance

Skills Assessment *(Please give your best self-evaluation.)*

Professional – a professional or former professional

Handy – an accomplished do-it-yourselfer

Unskilled – no specific skills, but willing to work and learn

Areas of Skill *(Check all that apply.)*

Carpentry

Sewing

Painting

Electrical

Plumbing

Other, explain:



Emergency Contact Information

Please print or type.

Date ____ / ____ / ____

Your Name: First _____ MI __ Last _____

In case of emergency, please contact:

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Phone Day: (____) ____ - ____ Night: (____) ____ - ____

In case of emergency, a hospital or medical practitioner not having access to your medical history may need the following information:

Allergies to medicine, food, etc.: _____

Medication being taken: _____

Date of last tetanus shot: _____

Physical Impairments/Special Needs: _____

Other: _____

Personal Physician

Name _____

Address _____

City _____ State _____ Zip _____

Phone Day: (____) ____ - ____ Night: (____) ____ - ____

Personal Health Insurance Coverage

Company _____ Policy Number _____

Initial here that you have confirmed this policy will provide coverage outside the United States: _____