

I. BASIC INFORMATION

Last Name _____
Middle Name _____
First Name _____
Preferred First Name _____
Country of Citizenship _____
Date of Birth _____
Male Female
Passport Number _____ Passport Expiration Date _____
Place of Issue _____ Date of Issue _____

II. CURRENT ADDRESS AND CONTACT INFORMATION

Current Address _____
Zip Code _____
Country _____
Current address valid until _____
Home Telephone _____
Work Telephone _____
Mobile Phone _____
E-mail _____
Name of contact person _____

III. PERMANENT ADDRESS AND CONTACT INFORMATION

Permanent Address _____
Zip Code _____
Country _____
Permanent Telephone _____
Permanent Email _____
Name of contact person _____

IV. EMERGENCY CONTACT DETAILS

Name and Surname _____
Relation to you _____
Permanent Address _____
City _____ State _____ Zip _____
Telephone _____
E-mail _____

Note: Please provide information about someone who has a close relationship to you. Parents and siblings are usually the best choice.

V. EDUCATIONAL BACKGROUND

Undergraduate

College/University_____

Year of Graduation_____

Major_____

Minor_____

Graduate

University_____

Degree_____

Area of Concentration_____

Date Awarded_____

Other Education_____

Other Specialized Training_____

University Standing at the time of your participation in Nexos Voluntarios program:

- 1st yr 2nd 3r 4th Grad Student Other_____

Foreign Languages (please include years of language study and level, i.e. beginner, intermediate or advanced)

1. _____

2. _____

3. _____

4. _____

Additional information about foreign languages:

Please attach your CV

VI. PROGRAM SELECTION

Country:

- Peru

Program:

- Field Experiences
- Group Projects
- Career-Breakers
- Partnering Program (Please specify.....)
- VolunTourism

VII. PERSONAL EXPERIENCE AND OTHER QUESTIONS

Please, rate your experience level on a scale of 1-10 (1 is lowest) in the following categories and provide a brief note about each one.

- 1. Travel to foreign countries _____
- 2. Personal volunteer work_____
- 3. Cross-cultural experience_____
- 4. Leadership Experience_____
- 5. Working in groups_____
- 6. Small project management_____
- 7. Technical skills (Tech, business, health, etc)_____
- 8. Communications (writing, public speaking)_____
- 9. Additional skills or certificates (CPR, etc)_____

VII. SKILLS AND INTEREST QUESTIONS

Your brief answers below will help us prepare a successful program for you.

1. What is the main motivation that drives you to do volunteer work?

2. Do you feel ready to get involved in an environment that is different to your and that might pose certain challenges?

3. What skills do you hope to gain during your stay in Peru? How you would like to gain those skills?

4. Please, give any other pertinent details on how you envision your social activities in Peru.

5. What are your hobbies and preferred entertainment activities?

IX. MEDICAL QUESTIONNAIRE – CONFIDENTIAL

Please complete the following information:

Title and Full name: _____

Address: _____

Date of Birth: _____

Telephone: _____ e-mail: _____

Team / Trip you are applying for _____

Blood Type _____

1. Are you currently receiving any treatment from your doctor? (Please give details.)

2. Are you attending or on the waiting list for any Out Patient Consultation? (Please give details.)

3. Do have or have had, any of the following medical conditions? (Please highlight, and give further details below).

- Diabetes
- Asthma
- Recurrent bronchitis
- Pneumothorax(Collapse lung)
- Angina/heart problems
- DVT/Pulmonary embolism (Clots in the leg or lungs)
- Epilepsy
- Arthritis/mobility problems
- Kidney problems
- Inflammatory bowel disease
- Severe allergy
- Current Pregnancy
- Hearing or visual difficulties
- Mental health problems

Further details please:

4. Please list any medications you are taking:

5. Are there any other health concerns that you have?

Please note that it is your responsibility to inform the travel insurance company of any pre-existing medical condition that you have. Failure to do so would make the insurance policy invalid. If there is a change to your health before you travel please inform Nexos Voluntarios as soon as possible (coordinator@nexosvoluntarios.org)

Please return this form signed and save a copy for you.

2008 – 2009