

Genesis Expeditions/Diez, A.C.
Volunteer Data Forms for Mexico
(Please Print)

Preferred "Helping Hands" placement

____ Seasonal Internship ____ Extended Placement ____ Area Coordinator

Possible Start Date: _____ Possible Completion Date: _____
(Please check our web site or literature for placement length minimum requirements.)

Name (as it appears on your passport): _____

Mailing Address: _____ City: _____

State / Province: _____ ZIP: _____ Country: _____

Date of Birth _____ M ___ F ___ Nationality: _____ E-mail address: _____

Phone: home (____) _____ work (____) _____ other (____) _____

Permanent Address (if different from above): _____

Shirt Size: S _____ M _____ L _____ XL _____ (size not guaranteed) Blood Type _____

Do you have a valid passport? Y ___ N ___

Have you been to Mexico before? Y ___ N ___ If yes, describe:

Please describe any previous international travel:

List any foreign languages that you speak: _____

Do you have any dietary restrictions we should be aware of? _____

Present/Past Occupation(s): _____

Person to notify in case of emergency:

Name: _____ Relationship: _____

Address: _____ Phone: home _____

Country: _____ Phone: work _____

Prior Volunteer Experience:

Please list contact information for three (3) personal references (name/address/phone):

1) _____
2) _____
3) _____

Education:	<u>Name of Institution</u>	<u>Year Graduated</u>	<u>Field(s) of Study</u>
High School	_____	_____	_____
Undergraduate:	_____	_____	_____
Graduate:	_____	_____	_____
Post-Graduate	_____	_____	_____

Please describe any other formal or informal educational experiences that may be relevant:

Employment History: Please attach a resume or list your work history below.

Photograph: Please attach a recent photograph of yourself for identification purposes.

Medical Information:

Do you have any **MEDICAL CONDITION(s)** – such as allergies, heart disease, emphysema, diabetes, seizures, depression, injuries, recent surgery, etc – important to know in case of emergency? ___ No ___ Yes

If “Yes”, please specify condition(s) _____

Do you have any **RESTRICTION(s)** – such as impaired vision, hearing, breathing, mobility, etc? ___ No ___ Yes If “Yes”, please specify restriction(s)

Do you have asthma or any other respiratory ailment? ___ No ___ Yes

If “Yes”, please specify condition(s) _____

Do you have a history of mental or emotional instability? ___ No ___ Yes

If “Yes”, please explain. _____

Are you currently under the care of a physician for any of the above mentioned conditions? ___ No ___ Yes

If “Yes”, please explain. _____

Do the medical condition(s) and/or restriction(s) noted require special arrangements, equipment, or assistance for you to participate in an active schedule for the placement you are seeking? ___ No ___ Yes If “Yes”, please specify

Do you require any prescription medications on a regular basis in order to function effectively? ___ No ___ Yes If “Yes”, please list the name(s) of and reason(s) for taking said medication(s) or write “NONE”:

Personal Physician _____ Telephone _____
(24-hour emergency number if available)

Do you have your own personal medical (accident/illness) insurance coverage? ___ No ___ Yes Please specify:

(Name of insurance company(s) _____ (Policy Numbers) _____

Have you ever been convicted of a felony or other offense that resulted in disciplinary action or loss of employment and/or demotion? ___ No ___ Yes

If yes, please specify (indicate if this involved a minor): _____

I attest that all statements contained herein are true and accurate.

Signed _____ Date _____