



# Volunteer Eco Students Abroad

## 2019 Submission of Interest: USA

Last Name		First Name		Preferred name		DOB		Age:	
Your University/College/Non		Your campus		What is your area of study		Year of Study e.g. 1 <sup>st</sup> , 2 <sup>nd</sup>			
Number & Street		Suburb or Town		State		Zip Code		Country	
Mobile/Cell Phone				Home Phone				Male / Female	
*Personal Email:				*University/College Email					
Country of Residence				Nationality (as shown on passport)					
Emergency contact name		Relationship e.g. mother		Contact's phone		Contact's email			

In the spaces provided below, please number the destination and departure dates in order of preference between 1 and 12, with 1 being your most preferred departure date and 12 being your least. You do not have to fill in preferences up to 12 and your preferences are not binding. You will have the chance to **CANCEL, amend or confirm** your application and the details at a later stage if you're accepted onto the program, so don't stress too much. We always ensure that friends travel on the same dates!

	Amazonas Explored 2019			Fiji Islands Discovered 2019			Africa Unearthed 2019			Southeast Asia Encountered 2019
1	18 May – 1 Jun		1	7 May – 22 May		1	3 May – 17 May		1	16 May – 31 May
2	1 Jun – 15 Jun		2	21 May - 5 Jun		2	17 May – 31 May		2	30 May – 14 Jun
			3	4 Jun – 19 Jun		3	31 May – 14 Jun		3	20 Jun – 5 July
						4	29 Jun – 13 Jul			

\* You will be added to our mailing list because you applied to volunteer with us. We occasionally send newsletters with interesting stories from our volunteers and staff as well new programs and other information. We'll keep them brief and useful, promise. If you would like to unsubscribe at any time please feel free.

**Please turn the page over!**



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1. Do you have any physical restrictions?	(Y/N)		*Please List & Explain:			
2. Do you have any allergies?	(Y/N)		*Please List & Explain:			
3. Do you suffer from anaphylactic reactions?	(Y/N)		*If yes, please note that we <b>cannot</b> accept people who are dependent on an EpiPen in an emergency situation. Please discuss this with our representative after the meeting.			
4. Do you take any prescription medications?	(Y/N)		*Please List & Explain:			
5. Do you have any special dietary needs?	(Y/N)		* Please List & Explain:			
7. T-shirt size?	<b>Please circle</b>	S	M	L	XL	XXL

\*Please note that answering yes to any of the questions (1-5) may require you to fill out an additional medical form.

Tell us why you would like to be a VESA Volunteer.


List any previous travel experience, either domestic or international:


Please list the **email addresses** of any **friends and family** you would like to recommend for VESA volunteering opportunities and we will send them some further information:


How did you find out about the VESA program?

In Class Announcement [ ] Email [ ] Flyer/Poster [ ] **or** Recommended By: \_\_\_\_\_

Other (please detail): \_\_\_\_\_ [ ] I'm a past participant (Please list name and Program) \_\_\_\_\_

I have no criminal record or there are no convictions on my criminal record for offences involving physical violence, sexual assault, dishonesty or illegal drugs.

*\* I agree that the information I have provided is correct and that I will be over **18 years old** by the date of my departure:*

\_\_\_\_\_

Full Name: (Print) Your Signature Date

**Thank you for your interest in the VESA volunteer and adventure programs!**