



# Volunteer Eco Students Abroad

## Submission of Interest 2017 – 2018

<b>Last Name</b> (as appears on passport)	<b>First Name</b> ( as appears on passport)	<b>Preferred name</b>		<b>DOB</b>	<b>Age</b>
<b>Name of University/College/Non</b>	<b>Your campus</b>	<b>Major</b> (if applicable)		<b>Yr of Study</b> e.g. 1 <sup>st</sup> ,2 <sup>nd</sup>	
<b>Number &amp; Street</b>	<b>Suburb/Town</b>	<b>Region</b>	<b>Post Code</b>	<b>Country</b>	
<b>Mobile/Cell Phone</b>	<b>Home Phone</b>	<b>Alt. Phone</b>		<b>Male / Female</b>	
<b>Personal Email</b>			<b>University email</b>		
<b>Country of Residence</b>	<b>Nationality</b> ( as shown on passport)	<b>Country of birth</b>		<b>Dual Citizen?</b> (Y or N)	
<b>Emergency contact; Name</b>	<b>Relationship to you</b> (e.g. mother)	<b>Phone</b>		<b>Email</b>	

In the spaces provided below, please number the destination and departure dates in order of preference between 1 and 15, with **1** being your most preferred departure date and **15** being your least. You do not have to fill in preferences up to 15 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!

	Fiji Islands Discovered 2017 - 2018	#	Amazonas Explored 2017 - 2018			Africa Unearthed 2017 - 2018			Southeast Asia Encountered 2017 - 2018	
1	Nov 19th – Dec 2nd	1	Nov 27th - Dec 13th		1	Nov 18th – Dec 3rd		1	Nov 25th – Dec 9th	
2	Dec 3rd – Dec 16th	2	Jan 18th - Feb 3rd		2	Dec 1st – Dec 16th		2	Dec 9th – Dec 23rd	
3	Jan 7th – Jan 20th	3	Feb 1st - Feb 17th		3	Jan 5th – Jan 20th		3	Jan 6th – Jan 20th	
4	Jan 21st – Feb 3rd				4	Jan 18th – Feb 2nd		4	Jan 20th – Feb 3rd	

**Please turn the page over!**



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1. Do you have any physical/psychological conditions?	(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:				
6. T-shirt size?	Please circle	S	M	L	XL	XXL

\*Please note that answering yes to any of the questions (1-5) may require you to provide further information.

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


List any previous travel experience, either domestic or international:


Please list the names and email addresses of any **friends and family** you would like to recommend for VESA volunteering opportunities or have already applied and you would like to travel with them next summer:


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:*

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Full Name: (Print) \_\_\_\_\_      Your Signature \_\_\_\_\_      Date \_\_\_\_\_

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