



## APPLICATION FOR VOLUNTEER

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Country \_\_\_\_\_

Home Telephone \_\_\_\_\_

Cellular Telephone \_\_\_\_\_

Email address \_\_\_\_\_

Passport number \_\_\_\_\_ Country \_\_\_\_\_

Emergency contact name \_\_\_\_\_

Emergency contact telephone \_\_\_\_\_

At times there are situations during travel and in the jungle where a moderate amount of physical exercise and dexterity are required. Do you have any physical limitations that should be considered?

There are also times when we are traveling in more remote areas that are a day's travel from a clinic. Do you have any medical conditions that should be known?

What are your goals or expectations of this trip?

Do you have any special talents or knowledge to share on this trip?

For volunteers working in a professional capacity, please give a brief background of your professional credentials and work.

Will you be doing any research on this trip?

\_\_\_\_\_  
If yes, please give a brief outline of your subject and hypothesis.

Do you expect to publish this research? \_\_\_\_\_

Will you need a letter of reference after the trip? \_\_\_\_\_

Do you have a sponsor? \_\_\_\_\_

If yes, who? \_\_\_\_\_

What languages to you speak? \_\_\_\_\_

What is the approximate amount of time that you can volunteer? \_\_\_\_\_

If you are under 18, who is your parent or guardian?

\_\_\_\_\_

Signature \_\_\_\_\_

Please send to DB Peru, 1918 Hillcrest St., Orlando, FL 32803 or email to [info@dbperu.org](mailto:info@dbperu.org)

For medical professionals, please include a copy of your current license.