



**Project WOO
Surf Voluntourism
Program Application
Gigante, Nicaragua**

Please complete this application and email to: volunteer@projectwoo.org

Desired program start date: _____

Intended duration (weeks): _____

Personal Details

First Name:

Last Name:

Date of Birth:

Place of Birth:

Passport Number:

Nationality:

Date of Issue:

Exp Date:

Dietary Requirements:

Postal Address:

E-mail:

Home Phone:

Cell / Mobile:

Qualifications and Interests

High School Qualifications:

University:

Other Qualifications / Training:

Area of Employment:

Languages (to what level):

First Aid Qualifications:

Additional Information

Please tell us more about yourself. What is your relevant experience, aims, hopes, ambitions, interest in community development, or other travelling experiences? Why are you interested in participating in a volunteer program like this?

How do you think you will best be able to contribute to the success of Project WOO in Gigante? As well as contributing to the set activities, are there other skills / input do you feel you can contribute toward the success of the project?

How do you envision your volunteer service with Project WOO enriching your life and the lives of others?

What do you imagine conditions to be like for youth and their families in the community you will serve in?

Health & Safety Information

The Health and Safety of participants on our programs is very important to us. We undertake regular mental and written risk assessments, and get you involved in the process to ensure understanding and compliance. As part of this process we require information about your medical history to enable us to manage any issues that may arise. Please inform us of any medical conditions you have or have had that might influence your involvement, or impact on others on the project. Use a separate sheet if required. As part of our pre-departure documentation we will be requiring you to fill out a medical declaration and liability release form on site. If you suffer from a medical condition after you apply, please inform us to ensure it doesn't impact on your ability to participate in the program. If you do not declare a pre-existing medical condition and it becomes apparent on site, we will assess your situation, and reserve the right to discontinue your participation on the project.

Have you ever suffered from: (delete or **bold** as appropriate?)

Asthma? Y / N Epilepsy? Y / N Diabetes? Y / N Heart Condition? Y / N Back problem? Y / N
Knee / Joint problem? Y / N Are you allergic to any particular drugs? Y / N Do you have any other allergies? Y / N
Do you have any infectious diseases? Y / N Do you presently take any medication or prescription? Y / N
Have you ever had a blood transfusion? Y / N Have you ever had an operation? Y / N
Do you have or have you in the past suffered from any form of depression? Y / N

Do you suffer, or have you suffered from any physical, mental or other disability? Y / N

Do you have or have you in the past suffered from any form of eating disorder? Y / N

If you said yes to any of the above please provide relevant details:

[Redacted]

How often do you exercise, and what type of activities do you normally do?

[Redacted]

Can you swim? How far would you be comfortable swimming without a break?

[Redacted]

Describe your level of surfing and relevant experience. Are you interested in receiving surfing lessons as part of your time on the project?

[Redacted]

Emergency Contact Details

Name of Emergency Contact:

Relationship (parent / partner):

Contact Phone Number (in full, including country code):

Address of Emergency Contact:

Second Contact Name:

Second Contact Phone Number:

[Redacted]