



Genesis Diez, A.C. Volunteer Data Forms for Mexico

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:	Name of Institution	Year Graduated	Field(s) of Study
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High School:	_____	_____	_____
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Undergraduate:	_____	_____	_____
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Graduate:	_____	_____	_____
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Post-Graduate:	_____	_____	_____
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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 _____