| C:\Users\IMMA D\Desktop\StuartCenter\Global Citizen Project 2014\AnimalEarth.jpg**Global Citizen Project** **May 30-June 7, 2014** |
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| **APPLICATION** |
| **First Name:** | **Last Name:** |
| **Date of birth:** | **Gender:** |
| **Address:** | **City & State:** | **Zip Code:** |
| **Phone:** | **EMAIL:** |
| **Name of school or place of employment:** | **Year or position held:** |
| **City:** | **State:** |  |
| **reference information****pROVIDE the name & contact information for two references** |
| **REFERENCE #1:** |
| **Full Name:** |
| **Relationship:** | **How long has s/he known you?** |
| **Phone:** | **E-mail:**  |
| **REFERENCE #2:** |
| **Full Name:** |
| **Relationship:**  | **How long has s/he known you?** |
| **Phone:** | **E-mail:**  |

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| **Getting to know you…** |
| **1. Why would you like to participate in the Global Citizen Environmental Project?**  |
| **2. What about the environment interests or concerns you?**  |
| **3. What has been the greatest lesson you learned from someone you consider *least* like yourself?** |

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|  **4. What do you hope to give and get out of this experience?** |
|  **5. What do you think might be the greatest challenge for you in program that involves working on a farm, and living and working closely with people you do not know.** |

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| **EMERGENCY & CONTACT INFORMATION** |
| **Full name of emergency contact:** |
| **Relationship:**  |
| **Daytime Phone:** | **Evening/Weekend Phone:** |
| **EMAIL:** |
| ***In case the above person cannot be reached please provide a second emergency contact.*** |
| **Full name of emergency contact:** |
| **Relationship:**  |
| **Phone:** | **Evening/Weekend Phone:** |
| **EMAIL:** |
| **MEDICAL INFORMATION** |
| **I am allergic to the following foods:**   |
| **I am allergic to the following medications:** |
| **Blood type:** |
| **Is there any additional medical information that the staff should know about to ensure your health and safety?** |
| **for participants from countries outside the u.s.** |
| **Name as it appears on your passport:** | **Country of passport:** |
| **Passport #:** | **Date of Expiration:** |

I further understand that I am responsible for providing my coverage for health, accident, medical and hospital and for covering all costs in the event that I should need any services while participating in this service project.

Print Name:

Signature:

Date:

**Stuart Center for Mission, Educational Leadership and Technology of the Society of the Sacred Heart – U.S.- Canada Province**

**Global Citizen Project 2014**

**LIABILITY RELEASE AND TREATMENT AUTHORIZATION**

I , an applicant for the Global Citizen Volunteer Project, located in Poughkeepsie, New York for the period of May 30 to June 7 2014 do hereby waive, renounce and release on behalf of myself, my heirs and my estate all claims of whatever nature against the Society of the Sacred Heart and the Stuart Center for Mission, Educational Leadership and Technology, all staff and chaperones for any injury, loss, damage, accident, delay or expense resulting from any cause whatsoever.

I hereby grant the staff of the Stuart Center for Mission, Educational Leadership and Technology full authority to take whatever action they consider to be warranted under the circumstances regarding my health and safety, and I fully release each of them from any liability for such actions taken on my behalf. This authority will permit the chaperones at their discretion, to place me, at my own expense, in a hospital at any point for medical services or treatment, or if no hospital is readily available, to place me in the hands of a local medical doctor for treatment.

Signature of Applicant Date

Address Phone

City, State, and Zip

Email Address