

**Health in the Global Community
Nazareth College
India Experiential Learning Program
December 29, 2017 – January 9, 2018**

APPLICATION FORM

APPLICANT

FULL NAME: _____
DEGREE/MAJOR: _____
YEAR OF STUDY: _____
PERMANENT ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
CAMPUS ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
HOME PHONE: _____ CELL PHONE: _____
NAZARETH EMAIL: _____

PASSPORT INFORMATION

Full Name (as it appears on passport): _____
Number: _____ Country of Issue: _____
DOB: _____ Expiration Date: _____
*(*Please attach a copy of front page of your passport)*

EMERGENCY CONTACTS:

NAME: _____
PHONE: _____
ADDRESS: _____
EMAIL: _____
RELATIONSHIP TO YOU: _____

ALTERNATIVE NAME: _____
PHONE: _____
ADDRESS: _____
EMAIL: _____
RELATIONSHIP TO YOU: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS

1. Please describe any skills, talents, abilities, etc. as they relate to this program.

2. What are your motivations participating in this program?

3. What experience(s) do you have volunteering or traveling under similar circumstances?

4. Do you have any questions, reservations, or concerns about the program?

CURRENT MEDICAL HISTORY

Please list all medication allergies (type 'none' if necessary): _____

Please list all environmental allergies (i.e. bees, pollen, etc. or none): _____

Please list all dietary restrictions and/or food allergies (type 'none' if necessary): _____

Have you been in good health during the past 12 months? ____YES ____NO

If no, please explain: _____

In the past 12 months, have you had any health incidents that required medical attention in a hospital or emergency room setting? ____YES ____NO

If yes, please explain: _____

I understand that as an active participant in this program, I am required to attend all pre-departure meetings and be present for the visa application process. By signing this form, I declare that I have provided complete and accurate information.

Print Full Name: _____

Signature: _____ Date: _____