General Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title |  | Date |  | | |
| First Name |  | Middle Name |  | | |
| Last Name(s) |  | | | | |
| Address |  | | | | |
|  | | | | |
| City |  | | | State |  |
| Postal Code |  | | | Country |  |
| Email |  | | | | |
| Telephone (Day) |  | Telephone (Evening) |  | | |
| Occupation |  | | | | |
| Date of Birth |  | Gender | *Male  Female* | | |
| Nationality |  | | | | |
| When do you want to travel / Proposed Dates. |  | | | | |

Passport Details

|  |  |  |  |
| --- | --- | --- | --- |
| Passport Number |  | | |
| Date of Issue |  | Expiration Date |  |
| Country of Issue |  | | |

Emergency Contact Details

|  |  |  |  |
| --- | --- | --- | --- |
| Names |  | | |
| Relationship |  | | |
| Telephone (Day) |  | Telephone (Evening) |  |
| Emails |  | | |
| Address |  | | |
|  | | |
| City |  | State |  |

Health and Fitness  
*This confidential information is only to be used by the coordinator/director in the event of an emergency*

|  |  |
| --- | --- |
| Do you suffer from any illness, including but not limited to asthma, epilepsy, diabetes, allergies? \* | Yes  No |
| *If yes, please explain:* |
| Do you take any prescription drugs or over-the-counter medicines? \* | Yes  No |
| *If yes, please explain:* |
| Do you have medical insurance? \* | Yes  No |
| Do you have special dietary requirements? \*\* | Yes  No |
| Are you Rabies vaccinated? \*\*\* | Yes  No |
| *If yes, date of last vaccine and/or titer:* |

* **Please be aware that medical facilities in Ecuador and Galápagos are VERY limited. Please consult a physician about travel plans and bring sufficient supply of prescription medications or other items. It is advised to check with insurance provider regarding travel provisions**

**\*\* There are certain dietary limitations in Ecuador and Galápagos. Volunteers with special dietary needs are advised to consult the trip coordinator regarding availability of specific food items and encouraged to bring supplements, meal bars, etc.**

**\*\*\* While Rabies vaccines are not required, they are STRONGLY recommended for veterinary professionals working in South America. Consult the CDC website for more information regarding vaccines: www.cdc.gov**

Personal Information

*Please check box to indicate application position(s)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Veterinarian** | | | |
| Veterinary College |  | Graduation Date |  |
| Additional training/certifications |  | | |
| License number(s) |  | DEA License number |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Veterinary Student** | | | |
| Veterinary College |  | Anticipate Graduation Date |  |
| Additional training/certifications |  | | |
| Please describe any prior employment experience in the veterinary field |  | | |
| Please describe surgical and clinical experience |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Pre-Veterinary Students, Technicians, Assistants and Volunteers** | | | |
| Please briefly describe any prior experience in the veterinary or animal care field |  | | |
| Education, training, certifications if applicable |  | License information if applicable |  |

Language  
Spanish is the primary language of Galápagos, and all volunteers MUST have a basic understanding of the Spanish language. Please indicate your current ability to speak, write, read and understand Spanish below. If you have little or no Spanish language experience, please contact DAD for recommended books and programs to develop your Spanish before your trip.

|  |  |
| --- | --- |
| Please indicate understanding of Spanish (i.e. formal classes, Rosetta Stone, bilingual, etc) |  |

Please introduce yourself by telling us about your interests, previous travel / volunteering experience, first aid, and any other relevant information or qualifications which might be useful.

|  |
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|  |

Why do you want to volunteer for Darwin Animal Doctors and what do you hope to achieve from your experience?

|  |
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|  |

Will you be bringing any additional supplies for the project? If so, please list them in detail.

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| --- |
|  |

Other questions, comments, concerns or suggestions

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|  |

Where did you hear about Darwin Animal Doctors?

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| --- |
|  |

Thank you! Please return this application to Darwin Animal Doctors.