

**JAMAICAN SELF-HELP
2012 Trip to Jamaica
PARTICIPANT INFORMATION FORM**

LAST NAME: _____

FIRST NAME: _____

(As It Appears On Your Passport Or Birth Certificate)

CITIZENSHIP: _____ Circle one: Mr. / Ms. / Mrs.

ADDRESS: _____

CITY: _____

POSTAL CODE: _____

TELEPHONE: _____ (day) _____ (eve)

E-MAIL: _____

Date of Birth: _____

NEXT OF KIN/EMERGENCY CONTACT:

NAME: _____

RELATIONSHIP: _____

ADDRESS: _____

PHONE: _____ (day) _____ (eve)

ANY CONCERNS, PHYSICAL LIMITATIONS, OR DIETARY NEEDS WE SHOULD BE
AWARE OF: (e.g. food allergies, fears, health)

APPLICANT'S SIGNATURE: _____

DATE: _____ (please turn over)

1 Tell us a bit about yourself and reasons for your interest in this programme. Have you travelled on this type of trip before?

2. JSH will try to match volunteer placements as much as possible with participant interests and skills. You are NOT expected to be an expert in any given area, but rather be willing to help out as directed by our Jamaican partners. Please provide us with a bit of information about your interests (check any/all that apply):

- Teaching children (eg. reading, basic math)
- Working in a health clinic (eg. helping with intake)
- Assisting with construction/building/painting
- Sports/playground games with children/youth
- Teaching basic computer skills

Comments:

3. Please add any other information about your past travel overseas.

Thank you for your interest in this programme. Please complete and return this form and your deposit of \$100.00 made out to *Jamaican Self-Help* to guarantee your place to:

Jamaican Self-Help P.O. Box 1992, 129 ½ Hunter Street, Peterborough, K9J 7X7
Tel: (705) 743-1671 Email: jsh@nexicom.net Web: www.jshcanada.org

Participants are accepted on a first-come, first served basis.

Full payment of \$2,500 per person (less deposit) must be made by November 10, 2011.
JSH will contact you prior to that time to confirm the details.