COPROT Tortugas de Osa 

Volunteer Application

Non-Profit Community & Conservation Organization

Carate, Osa Peninsula, Costa Rica

\*Please list all dates as dd/mm/yyyy. All phone numbers should include their international code as well.\*

**Availability:** Please only list dates where you are available for the full day and night.

Starting Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ending Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Information:**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Middle Initial: \_\_\_\_\_ Birth Date: \_\_\_\_\_\_\_\_\_ Cell Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: \_\_\_\_\_\_\_\_ Country: \_\_\_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_\_\_\_\_

**Emergency Contact Information:**

First and Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_

Cell/Home Phone: \_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Information:**

Medical Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Insurance #: \_\_\_\_\_\_\_\_\_\_\_

Travel Insurance Provider: (Will need eventually)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Can you lift 15 kilograms? ⬚ Yes ⬚ No

Can you walk for at least 4 hours on the beach on soft sand? ⬚ Yes ⬚ No

Do you have any physical or mental conditions that may limit your ability to carry out project activities? ⬚ Yes ⬚ No

If yes, please describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please list any prescription medication you will be bringing with you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any allergies or dietary restrictions you may have:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Education/Work Experience:**

Highest Level of Education: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Study Area: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Most Recent Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email or Cell Phone Number of Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any previous experience with turtle conservation? Please provide details including species worked with, type of activities and duration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Languages Spoken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What skills can you contribute to our project? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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Have you ever been convicted for violation of any laws, traffic or otherwise? ⬚ Yes ⬚ No

If Yes, Please Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Comments:**

Please leave us a couple words about yourself and why you would like to be a part of our project.