



International Volunteer Travel

VOLUNTEER ADVENTURE INTERNSHIP STUDY ABROAD

1860 Barnett Shaols Rd, PMB 490. Athens, Ga, 30605. USA. Fax: 1+701 838 8560. Tel 1 888 528 5666

Offline Program Application

First Name _____

Second Name _____

Gender (circle): Male Female

Age: _____

Nationality _____

Passport Number _____

Phone Number (home) _____

Phone Number (other) _____

Email address 1: _____

Email address 2: _____

Applicant's Street Address:
Street Address _____

City _____

State/Province _____

Country _____

ZIP/Postal Code _____

Emergency Contact Details: (must be completed in full)

(i) Name _____

(ii) Relationship to applicant _____

(iii) Telephone _____

(iv) Email address _____

(v) Full Street Address
Address Line1 _____

City _____

State/Province _____

Country _____

ZIP/Postal Code _____

Applicants Mailing Address (if different from Street address)

2.1a First Choice Country of Interest (must indicate 2) _____

2.1b. Second Choice Country of Interest _____

3.1a. Area of interest (**circle** one or more).

Volunteer Internship Wildlife Adventure

Spanish Study Abroad Swahili Study Abroad Other _____

3.1b. If you selected "Adventure" above, we may offer more than one adventure package/option in some countries. **Circle** the option/package below. If only one package is offered, then select "Simply Adventure".

Simply Adventure Extended Adventure Country Experience Explorer

Discovery Beach Vacation Best of Country Kilimanjaro Climb Other (specify) _____

3.2a. First Choice Project of Interest e.g., teaching, orphanage..(must indicate 2 except for wildlife). _____

3.2b. Second Choice Project of Interest _____

3.2c. Would you like to do the Language and Culture or the Survival Language Program? (**circle** one):

Yes No

3.3. Program Starting Date: Confirm on the web page of your program of interest. Enter month and year.

1. First Wednesday of _____(month) _____(year) Africa and Asia
2. Third Wednesday of _____(month) _____(year) Africa and Asia
3. Second Monday of _____(month) _____(year) Costa Rica only
4. Fourth Monday of _____(month) _____(year) Costa Rica only
5. Second Wednesday of _____(month) _____(year) Latin America
6. Fourth Wednesday of _____(month) _____(year) Latin America
7. Other (Indicate) _____

3.4. Length of your stay (in weeks) _____

4.1. How did you come to know about us _____

4.2 If you are part of a group, provide group details including size, name of group leader (must be indicated), any group needs, etc.

4.3 Tell us about your preparation to participate in this program, e.g., experience, educational background, personal interests, etc.

4.4. Tell us why you want to participate in this program.

4.5 Tell us if you have any medical conditions that might affect your participation in the program, concerns, special needs, etc.

Terms and Conditions of Service

By signing this form, I acknowledge that I have read and I fully understand the terms and conditions of service for the International Volunteer Travel programs I am applying for (available online at <http://www.internationalvolunteertravel.com/terms-of-service.php>). I agree to be bound by these terms and conditions and guarantee that I will abide with the same.

Signature: _____ Date: / /20__

Fax this form to: 1+ 706 549 3138, or Mail it to our address above.

Payment information

I would like to make payment using (check One)

1. **Check/Money order** - fax the original of this form with application and mail a copy with the check/money order (see mailing address above).
2. **Credit/Debit Card** (ii) we accept Visa/Mastercard/American Express/Discover with a credit card company fee of 2.5% of the payment. You can get the final amount due if by multiplying the original fee by 1.025, e.g., if the fee is \$349.00 you will need to submit \$357.73 (349 by 1.025).

Amount you want to pay (in US Dollars) _____ by Credit Card or Debit Card (*circle one*)

Card type (please check): (1) Visa (2) MasterCard (3) Discover (4) American Express

You can fill in the debit/credit card information below, leave it blank and call to give us the information, or pay online at <http://internationalvolunteertravel.com/pay-online.php>

Card number: _____

Card Expiry date: _____ (mm/yyyy, e.g., 02/2012 for February 2012)

CVS number (last 3 digit number in the back of credit card) _____

Card holder first name: _____

Card holder second name: _____

Full Credit/Debit Card Billing Address (where statement is normally sent):

Signature: _____ Date: / /20____

Official use only	
Name: _____	Nationality: _____
Programs Applied for: _____	Starting Date: _____ Ending Date _____
Name of Project: _____	Country of Project: _____
Status: _____	

Fax this form to: 1+ 701 838 8560 or Mail it to 1940 S Broadway #316, Minot, ND, 58701. Make sure to call or email to notify us