



Centro Ecológico Akumal

General Application Form

Please complete electronically and return the file by email to comunicacion@ceakumal.org. With Subject: Turtles Form

PERSONAL INFORMATION

Name (as it appears on your passport or birth certificate):

Marital Status:

Sons or Daughters:

Nickname or preferred first name:

Country of Citizenship:

Email address:

Current mailing address:

City/State/Postal code:

Country:

Permanent address (if different from above):

Current phone: Home

Mobile phone

Date of Birth:

Gender: M () F ()

Current occupation or school:

Have you ever been convicted of a felony? If yes, please explain.

Do you have any medical conditions we should know about (asthma, epilepsy, diabetes, allergies...)? Are you currently under a doctor's care? Are you taking any medications? If yes to any of these questions, please explain:

WHEN?

On what date do you want to begin your volunteer service?

On what date do you want your volunteer service to end?

HOW WOULD YOU LIKE TO HELP?

Review the program areas in the attached file of Turtle Program for Volunteers and indicate how you'd like to help for further information on each area please contact us:

- Environmental education during day and night as Turtle talk (English and Spanish)
- Juvenile turtles monitor on Akumal Bay
- Data base and analysis

Night patrols: direct work with turtles

Why do you want to volunteer with the program and area(s) you checked above? What do you expect from the coordinator and the program? Use additional sheet if necessary.

CURRENT AND PAST EXPERIENCE

Have you been to Mexico or Akumal before? Y () N ()

If yes, please indicate the nature, duration and year of your travel:

Please list countries of previous international travel and the type of travel (tourist/volunteer/educational, etc.):

Please list any LANGUAGES that you speak or write and how well:

Prior Volunteer Experience or with turtles. Please list organization, country, type of work and duration:

Employment History: *Please attach a resume.*

EDUCATION AND OTHER TRAINING

Name of Institution	Year Graduated	Field(s) of Study
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Undergraduate:

Graduate:

* Please describe any other formal, or informal, educational experiences that may be relevant:

First aid training? Yes No

CPR training? Yes No

Scuba certification? Yes No

OTHER

Tell us anything else we need to know about you.

How did you first hear about Centro Ecologico Akumal?

Signed:

Date