

A. Sign up for your Volunteer Experience.

You can book your chosen trip by sending in this completed Volunteer Application for via email, mail, or fax or visit us on-line at www.developingworldconnections.org. This form can also be filled out on a computer and sent as an email attachment.

B. Send Volunteer Agreement and payment.

We cannot process your application until we have received your signed Volunteer Agreement portion and appropriate payment. The signed Volunteer Agreement must be faxed, scanned and emailed or mailed or delivered.

C. We will contact you.

We will be in contact with you once we have received this Volunteer Application form, your signed Volunteer Agreement form and payment to guide you in the next steps prior to departure.

Please email completed form to: participant@developingworldconnections.org or fax to: (250) 851-9813 or mail to: Developing Word Connections #220-141 Victoria St. BC, V2C1Z5, Canada. For more information call us toll free at 1-866-458-8209 or visit www.developingworldconnections.org.

1. Volunteer Destination	<input type="checkbox"/> Guatemala <input type="checkbox"/> Peru <input type="checkbox"/> Cambodia <input type="checkbox"/> India <input type="checkbox"/> Sri Lanka <input type="checkbox"/> Philippines <input type="checkbox"/> Nepal <input type="checkbox"/> Kenya <input type="checkbox"/> Rwanda <input type="checkbox"/> Swaziland <input type="checkbox"/> Sierra Leone	
2. Project Dates	Project Start Date: _____ DD / MM / YY	Project End Date: _____ DD / MM / YY
3. Your Full Name <small>(exactly as printed on your passport)</small>	<input type="checkbox"/> Mr / <input type="checkbox"/> Mrs / <input type="checkbox"/> Ms First: _____ Middle: _____ Last: _____	
4. Permanent Address	Street/Apt# _____ City: _____ Country: _____ Province/State: _____ Postal/Zip Code: _____	
5. Contact Information	Home Tel: () _____ Work Tel: () _____ Cell: () _____ Fax: () _____ Email Address: _____ Preferred Method of Contact: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Email	
7. Date of Birth	_____ DD / MM / YY	Nationality: _____
8. Passport Information	Number: _____ Issue Date: _____ DD / MM / YY	City of Issue: _____ Expiry Date: _____ DD / MM / YY
9. T-shirt Size	<div style="display: flex; align-items: center;"> <div style="margin-right: 20px;"> <input type="checkbox"/> S / <input type="checkbox"/> M / <input type="checkbox"/> L / <input type="checkbox"/> XL / <input type="checkbox"/> XXL </div> <div> <input type="checkbox"/> S / <input type="checkbox"/> M / <input type="checkbox"/> L / <input type="checkbox"/> XL </div> </div>	
10. Flight Arrangements	<input type="checkbox"/> I prefer to make my own flight arrangements <small>(not eligible for a charitable tax receipt)</small> <input type="checkbox"/> I prefer DWC and its affiliated travel agencies help me make flight arrangements <small>(eligible for a charitable tax receipt)</small>	
11. \$500 Non-Refundable Program Contribution <small>(due with immediately with this application)</small>	Method of Payment: <input type="checkbox"/> Cheque (enclosed/in mail)* <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Online <small>* Cheques to be written out to Developing World Connections</small>	
12. Credit Card Information <small>(if applicable)</small>	Please charge my: <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa Expiry Date: Month: Year: _____ Full Name on Card: _____ Card Number: _____ +3 Digit Security Number* <small>*Three digit security number is found on the back of card and is required for 3rd party transactions</small>	
<small>If you prefer, you may call us toll-free at 1-866-458-8209 with your credit card information.</small>		