



Shared Experience Program: Bulacan Community Project

Application Form

Name: _____ Email: _____
Home Phone: _____ Other Phone: _____
Address: _____

I would like to join the BCP for (choose one): [] May 2 to 12, 2012 [] May 16 to 26, 2012 [] No Preference

How did you hear about Enspire and the Bulacan Community Project? _____

The following best describes me? [] Part-time Student [] Full-time Student [] Part-time Employed
[] Full-time Employed [] Self Employed [] Unemployed

Date of Birth: _____ (mm/dd/yyyy) Age: _____ Citizenship: _____

Languages: _____ (Other than English) Level of Fluency: BEG / INT / FLUENT

I have traveled to the following countries/cities: _____

I am bondable: [] No [] Yes

Please list any serious medical conditions, impairment, allergies, etc.: _____

Emergency Contact Information:

Primary Contact Name: _____ Relationship: _____
Phone: _____ Email: _____
Secondary Contact Name: _____ Relationship: _____
Phone: _____ Email: _____

Have you volunteered before? [] No [] Yes

If Yes, where and for how long? _____

Have you been involved with a non-profit organization in the past? [] No [] Yes

If Yes, which organization and what was your role? _____

What special skills do you bring to Enspire Foundation and the Bulacan Community Project?

I expect to get the following things from being a part of the Bulacan Community Project?

Statement of Motivation (please feel free to attach a separate sheet - minimum 150 words): _____

Please also attach a copy of your current resume to this application.

Participant Agreement: I certify that I have truthfully completed this application form. Furthermore, I have read the information provided in the Bulacan Community Project Info Sheet and agree to be bound by the contents. I understand that travel medical insurance is mandatory for the full duration of this trip. I understand that my registration fee is non-refundable, the remaining fee is transferable and that any request for a refund will be denied.

Agreed and Signed

Date