



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: _____

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: _____

Languages Spoken: _____

What skills can you contribute to our project? Computer skills, sustainable gardening, teaching English, leadership, etc.: _____

Have you ever been convicted for violation of any laws, traffic or otherwise? Yes No

If Yes, Please Explain: _____

Comments:

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