

**Guatemala Stove Project**  
**Volunteer Travel Form**

Print and fill out this form and mail or deliver to:

Guatemala Stove Project  
RR# 4, Perth, Ontario,  
Canada K7H 3C6

**CONTACT INFORMATION**

**Last Name: (as it appears in your passport)** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Postal Code** \_\_\_\_\_

**Country:** \_\_\_\_\_

**Phone Number**    **Home** \_\_\_\_\_ **Business** \_\_\_\_\_ **Cel** \_\_\_\_\_

**Fax** \_\_\_\_\_ **E-mail** \_\_\_\_\_

**Occupation / Profession** \_\_\_\_\_

**Gender**        **Female** \_\_\_\_\_ **Male** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **OHIP No.** \_\_\_\_\_

**Next of Kin (include contact information)** \_\_\_\_\_

**How did you hear about us?** \_\_\_\_\_

**What expectations do you have of this trip?** \_\_\_\_\_

**Briefly list your previous travel experiences** \_\_\_\_\_

**What aspect of the trip interests you most?** \_\_\_\_\_

**Please indicate any languages you speak other than English** \_\_\_\_\_

Guatemala Stove Project

**How long would you like to volunteer with the project in Guatemala?** \_\_\_\_\_

**1 week** \_\_\_\_\_ **2 weeks** \_\_\_\_\_

**Do you have any medical conditions or concerns that the stove project should be made aware of while travelling? If so, please specify:**

\_\_\_\_\_

**Please list any medication you will be taking during the trip. (This information is extremely important in the case of a medical emergency)**

\_\_\_\_\_

**How might you share your learning experience with others and remain involved with the project after you return from Guatemala?**

\_\_\_\_\_

\_\_\_\_\_

All information will be treated with respect and confidentiality.  
The Guatemala Stove Project takes NO RESPONSIBILITY while you are volunteering in Guatemala.