

International Initiative Volunteer Application

SUNYIT School of Nursing and Health Systems

Please Type or Print very clearly, you may also send as an attachment in an email to: Pat.Zawko@sunyit.edu or Christine.Paye@sunyit.edu.

Demographic Information:

Date: _____

Name: _____

Address: _____

Home phone: _____

Cell: _____

Alternate Phone: _____

E-mail address(es): _____

male ___ female ___

Date of Birth: _____

Emergency Contact(s)

Employer: _____

Position and Years Held: _____

Additional Information you would like to provide:

Student/Educational Information:

Anticipated Month/Year of Graduation from SUNYIT: _____

Are you an accelerated student? _____

Professional related information:

Are you licensed as a registered nurse? Yes ___ No___ Expiration Date: _____

Do you hold any other professional licenses? If so please list

Do you have individual malpractice insurance? _____

Have you even been incarcerated? _____Yes _____No

Are you currently under a charge or have ever been convicted of or pled guilty to child abuse or a crime involving actual or attempted sexual misconduct or sexual molestation of a minor?

Yes _____ No _____ If yes, please explain:

Are you currently under a charge or have ever been convicted of or pled guilty to a felony charge?

Yes _____ No _____ If yes, please explain:

International Travel Requirements

Have you done any international travel in the past, if so to where, what purpose and for how long?

Do you have a passport that is current through 2009? _____

If not have you applied for a passport? _____

If so when? _____

Did you pay the additional fee to expedite the application process? _____

Do you have a valid Visa for Brazil? (note: you will be required to have a valid visa for Brazil and will be needed by 6/1/09).

Do you have health insurance and can you provide proof of such and that you will be covered internationally?

The estimated cost for the trip will be \$2500.00 (Non-refundable); this includes all expenses (air and ground travel, lodging and meals as well as financing the medical supplies, translators and boat). You will be responsible for the cost of your passport, visa, immunizations and health care cost associated with this trip as well as meals while traveling to and from Brazil.

Any other information that you would like to add in regards to the financing of your trip?

If chosen as a participant for this initiative you will be expected to meet with the group once before the end of the spring semester, and then monthly starting in September 2009, dates will be known far in advance. The purpose of these meetings are to ensure that everyone is prepared for the trip emotionally, physically and psychologically, as well as to help the team begin to work together. Are you able to make the commitment to attend each of these meetings? _____

Health Information: (Note if you are selected to go in this trip, you will be required to have current physical on file)

Are you presently under the care of a physician? _____

If so for what and what is the management of your illness?

Do you have any acute or chronic illnesses?

Have you ever or are you presently receiving care for mental health or substance abuse issues? If so please explain _____

Do you smoke? _____, Do you use alcohol? _____ if yes, are you willing to refrain from smoking and the drinking of alcohol while on this trip? Note: This will be a substance free trip.

What skills or interests would you like to contribute?

Do you speak any languages other than English, if so please list?

Education

Please list any degrees or certifications and the school you attained them from.

Please list any previous volunteer experience:

Organization	Title	Key responsibilities
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Please provide three letters of reference (one must be from a faculty member at SUNYIT):

Name	Phone	Occupation
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Please answer the following questions in the form of an essay. Please note that your essay is not limited to this information.

Why do you want to participate in an international initiative at SUNYIT?

What do you hope to gain from this experience?

What do you plan to bring to this experience?

Please provide any additional information that would be helpful for the selection committee to determine participants.

By signing this application I acknowledge that the decision of the committee is final and that there is no opportunity for appeal. _____

(Full signature)

I also acknowledge that I will be required to sign a statement that absolves SUNYIT and all of its stakeholders of any responsibility (financial or otherwise) for myself while on this international trip. _____

(Full signature)

I also acknowledge that I understand that all monies paid for this trip are non-refundable.

Signature

Date

As a volunteer that is 18 years old or older, I hereby understand and agree to the following:

I agree to WAIVE and RELEASE SUNYIT from all liability, manner of actions, causes of action, debts, contracts, claims and demands for or by reason of any illness, death, damage, loss or injury to person and property, which has been or may be sustained as a direct or indirect consequence of the Volunteer's volunteering while taking part in this international initiative, notwithstanding that such damage, death, illness, loss or injury may have been caused partly by the negligence of SUNYIT.

I agree to INDEMNIFY and HOLD HARMLESS SUNYIT for any costs or liabilities which they may incur as a result of my volunteering for this international initiative.

I acknowledge and agree that I have carefully read this agreement, that I fully understand the same, and that I freely and voluntarily execute the same.

I understand that I may seek independent advice prior to signing this Agreement. I understand that this agreement is binding on me, my spouse, my executors, administrators, personal representatives and assigns and that this agreement has important legal consequences.

The terms of this Agreement are contractual and not mere recitals.

This Agreement will be construed in accordance with and governed by the laws of the State of New York.

Date_____

Printed full name of volunteer:

Signature of
volunteer_____

Address of volunteer:

Phone_____

Please complete all pages and return this application to:

State University of New York Institute of Technology

School of Nursing and Health Systems

POB 3050

Utica, NY 13503

3/20/09 Accepted applicants will be notified by 4/1/09.

**You may also send this application as an attachment in an email to
either:**

Pat.Zawko@sunyit.edu or Christine.Paye@sunyit.edu