



CerviCUSCO Program Cusco, Peru

Attn: Dr. Debra Krotish

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CerviCUSCO Application Cusco, Peru

Please return this application by uploading on our website: www.friendsofcervicusco.org, email to debra.krotish@gmail.com or snail mail at the above address.

I understand that submitting an application for the CerviCUSCO program does not guarantee acceptance into the program. Candidates must meet program requirements. Participation is also subject to availability; this program fills up early.

Once approved for this program, you will need to make certain all **documentation is up to date** and all your **required fees are paid 60 days in advance** of departure to Peru.

Personal and Academic Information

Name of Group (if applicable) _____

Full name _____

Preferred name to be called: _____

Birthdate: ____/____/____ Age: ____ Sex or Gender: __M__F Marital status: _____

Permanent address: _____

City _____ State _____ Zip code _____

Phone: _____ E-mail: _____

Occupation:

Medical Professional

Undergraduate Student

Resident

Non-medical

Graduate Student

High School Student

If professional, type of medical licensure and specialty _____

Place of employment or university _____

If student, degree program or major _____ Year in program _____

Citizenship: _____ Passport Number: _____

Date of Issuance: ____/____/____ Date of Expiration: ____/____/____ *

*Date of Expiration MUST be at least six months prior to departure date from Peru.

Emergency contact information:

Primary contact person:

Name: _____

Relationship: _____ Phone number: _____

Email: _____

Secondary contact person:

Name: _____

Relationship: _____ Phone number: _____

Email: _____

Have you ever participated in a Global Health Program? yes _____ no _____

If yes, which program? _____

Do you speak Spanish?

Yes, I am fluent

Yes, but do not speak very well

Yes, I can carry on a conversation

No, I do not speak Spanish

Please tell us what you hope to accomplish while in Peru:

What date(s) are your preference to travel to CervuCUSCO? _____

Personal Health:

Do you have any chronic medical conditions? Yes ___ No ___ if yes, please describe condition(s) and medications: _____

Do you have any cardiac or pulmonary conditions, or sickle cell disease? Yes ___ No ___ if yes, please describe the condition: _____

Do you have any known allergies? Yes ___ No ___ if yes, please describe the allergy and the reaction: _____

Disciplinary and Criminal Record:

Have you ever been convicted of a crime other than a minor traffic offense, or are any criminal charges now pending against you? Yes ___ No ___

If yes, please explain: _____

For academic programs:

Are you in good academic standing with your academic program? _____

Have you ever been on disciplinary probation or academic probation? _____

If yes, please explain _____

Application Signature:

Applicants who are accepted to participate in the CerviCusco program are required to complete and sign a student agreement and waiver which stipulates the terms and conditions of the program, conduct regulations and a waiver of liability.

I acknowledge that the information provided on this application is true and accurate to the best of my knowledge. I fully understand that providing false information during the application process may be grounds for rejecting my application or grounds for rejecting my application or grounds for dismissal from the CerviCusco program.

Volunteer Signature: _____

Date: _____

***Name of
Parent/Guardian** _____

***Signature** _____

***All volunteers under the age of 18 must have parental or guardian signature**