

Volunteer Questionnaire

Your Details

Name:..... Address:.....

Date of Birth:.....

Email:.....

Home phone number:.....

Mobile phone number:.....

Contact Details

Name of 1st UK contact whilst in Mexico:.....

Relation to you:.....

Address:..... Email:.....

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Emergency contact number:.....

Name of 2nd UK contact whilst in Mexico:.....

Relation to you:.....

Address:..... Email:.....

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Emergency contact number:.....

Medical Information

Will you be taking any medication, other than malarial prevention, during your stay on the project in Mexico?

YES / NO If **YES**, please detail below:

Have you had any history of depression or mental illness?

YES / NO If **YES**, please detail below:

Do you have any disabilities / special needs that we would need to be aware of whilst taking part in our project?

YES / NO If **YES** please detail below:

Do you have any special dietary requirements?

Are there any other medical complaints that would affect your stay on our project? (Allergies, etc)
Please list:

Background

How did you hear about *Experience MexECO*?

Do you speak Spanish?

YES / NO If **YES**, please list experience below:

Please give an account of your academic background, including current studies or employment, and any other experience that you feel would be beneficial throughout your stay on our project.

