

χ El Salvador Elections 2009 χ

SALVAIDE DELEGATION APPLICATION FORM

Please return this application to SalvAide by **December 1st 2008** (for January Delegation)
and **February 1st 2009** (for March Delegation)

Name: _____

Permanent Address: _____

Current Address: (if different from above) _____

Current Home Phone # _____ Work # _____

Date of Birth: _____ Occupation: _____

1. Do you have experience with Canadian or international community-based or development organizations?

(e.g. unions, co-ops, church groups etc.)? Please describe: _____

2. Have you ever been to a "developing country"? If so, where, for how long and what did you do there? Was it a positive experience?

3. What do you hope to achieve by going with the El Salvador Elections Delegation?

4. How did you hear about the Observer Mission?

5. Have you participated in an election observer mission previously? Describe.

6. Are you coming as an individual or with the backing of your union, community group, solidarity group, church, university, etc.? Please note if we can use sponsoring group's name in publicity.

7. Please describe your understanding of the current challenges facing the people of Central America, particularly El Salvador? (use additional pages if necessary)

8. How do you plan to share your experience and promote the needs of El Salvador when you return?

For coordination purposes only

What level of Spanish do you speak?

None___ Beginner___ Intermediate___ Conversational___ Fluent___
Interpreter_____

Do you have any health problems or restrictions, including allergies?

Do you have any special needs, health or dietary restrictions?

REFERENCES

Please list two or more references non-relatives, including name, address and phone number, preferably of people who have had participation in development or solidarity work.

1. _____

2. _____

You can be assured of SalvAide's efforts to guarantee a successful trip to El Salvador, however, SalvAide is not responsible for any illnesses, injuries, thefts or accidents occurring during this trip.

Signature: _____

Date: _____

Please return this application to SalvAide c/o Laura Haylock

SalvAide, 219 Argyle Ave. Suite 411
Ottawa, Ontario, K2P 2H4

or salvaide@web.net (with subject line—Elections Delegations)

Deadline: December 1st, 2008 (for January Delegation) and
February 1st, 2009 (for March Delegation).

Please contact Laura Haylock if you have any questions or need clarification by phoning (613) 233-6215 or salvaide@web.net

Many thanks for your interest in participating in these important missions.

χ El Salvador Elections 2009 χ

Name: _____ Passport # _____

Health Card # _____ Out of Canada Medical Coverage _____

MEDICAL INFORMATION

Doctor's Name _____ Ph # _____

Any known allergies

Any illnesses or medical conditions we should be aware of

Clearly specify what medical precautions must be taken or medication must be carried

EMERGENCY CONTACT INFORMATION

Name _____ Relationship _____

Phone #s _____ (day) _____ (evening)

Email: _____

Name _____ Relationship _____

Phone #s _____ (day) _____ (evening)

Email: _____