**Peru Tour 2012**

**Integral International Development Center**

Integral Without Borders

**Application Form**

Full Name (as on passport): Title: First: Last:

How you would like to be referred to (eg printed documents):

Passport Number:

Date issued: Date expires: Place it was issued:

Date of Birth: Nationality: Place of Birth:

Address:

Street: City: Country: Zip-code:

E-mail

Telephone: Home: Work: Cell: Fax:

Medical concerns (please list any medications):

Emergency medical insurance:

I already have a policy:

I will require a policy please send me information:

I have all required vaccinations:

I need vaccinations please send me information:

Dietary Requirements:

Emergency Contact Name: Phone:

Participants Signature (indicates you have read and agree to the terms and conditions):

Where did you first hear of this tour?

Have you traveled outside of Canada before?

Is this your first “developing world” experience?

Have you been to Peru before? Where?

What is your familiarity with the Integral Model?

Languages spoken:

Cross cultural experience:

Voluntary experience:

Group dynamic experience:

In 2-3 paragraphs please tell us a little bit about yourself and indicate why you are interested in participating in this Integral Without Borders-One Sky event. Tell us what motivates you to join us on this adventure. Note this information will be shared with other participants prior to departure should you be accepted.

Please email your application to info@integralwithoutborders.org

Thank you!