

Application for AIRINTERMED NEPAL PROGRAM

A PROJECT OF DOOLEY/INTERMED INTERNATIONAL
AIRLINE AMBASSADORS INTERNATIONAL
MISSION HIMALAYA

Choice of Dates 1 _____ 2 _____ 3 _____

FULL NAME: _____

NICKNAME (if any) _____

PRESENT ADDRESS:

_____ APT.# _____

CITY _____ STATE _____ ZIP _____

COUNTRY _____

HOME PHONE _____ CELL _____

EMAIL _____

PASSPORT # _____ **EXP. DATE** _____

****** AIRLINE** _____

ACTIVE _____ RETIRED _____ (PLEASE CHECK ONE)

CURRENT BASE _____ YEARS Employed _____

IMMEDIATE SUPERVISOR _____ CONTACT # _____

****(Note: If you are not a current or retired airline employee, please list your:

Global Entry # _____ (If you do not have one yet, please certify that you WILL have one at least one month before your mission date by checking here ____.)

PHYSICAL DESCRIPTION

AGE _____ SEX _____ HEIGHT _____

MARITAL STATUS _____ Number of Children _____ Age(s) _____

HEALTH

Nepal is a developing nation with less than adequate infrastructure. You must be careful with your health and follow simple guidelines for travel and your stay there. The drinking water supply at the EcoHome is purified and safe to drink. But in all of Nepal, you must be careful of water from faucets/ showers, etc. and take precautions such as always brushing teeth with bottled water. If you are selected for this program, we will discuss staying healthy in detail!

IF YOU HAVE (OR HAD) ANY DISABILITIES, MAJOR OR CHRONIC ILLNESSES, PLEASE EXPLAIN:

ARE YOU CURRENTLY ON ANY CONTINUING TREATMENTS OR MEDS?
IF SO, PLEASE EXPLAIN: _____

ANY PHYSICAL LIMITATIONS? _____

IF SO, PLEASE EXPLAIN:

HAVE YOU TRAVELLED INTERNATIONALLY? IF SO, WHERE AND WHEN?

PREVIOUS VOLUNTEER EXPERIENCE, DOMESTIC AND INTERNATIONAL?

MOTIVATION

WHAT IS YOUR PRIMARY MOTIVATION TO VOLUNTEER FOR AIRINTERMED? PLEASE INCLUDE A BRIEF ACCOUNT OF WHY YOU DESIRE TO GO TO NEPAL AND WHAT YOU HOPE TO ACCOMPLISH DURING YOUR AIRINTERMED MISSION.

SHARING

IS THERE SOMETHING SPECIFIC YOU WOULD LIKE TO SHARE WITH THE CHILDREN? A HOBBY — PASSION— INTEREST—TALENT? IF SO, PLEASE ELABORATE!

SIGNATURE _____ DATE _____

Please note: I have created this program from my experiences in Nepal and love for the country, people and especially the children. If you are applying and selected, I would ask that you accept your participation with a commitment to fulfill your mission. I do my very best to ensure that your experience....and the childrens will be a fulfilling and memorable experience!

PLEASE EMAIL TO MISSION COORDINATOR: KATE JEWELL @ drkatejewell@yahoo.com

OR SNAIL MAIL TO KATE JEWELL, PO BOX 1111, EASTSOUND, WA 98245

QUESTIONS???? CALL KATE AT 360-376-7663 OR 909-455-8694 (CELL)

THANK YOU FOR YOUR INTEREST IN HELPING OTHERS!

Kate Jewell, ND
PO Box 1111
Eastsound, WA 98245

(360)376-7663
(909)455-8694