



IASE Volunteer Service Project Application Form

Section One: Contact Information

Name: _____
Postal Address: _____
City _____ State/Province _____
Country _____
E-mail address: _____
Telephone number(s): _____

Emergency Contact information:

Name: _____
Relationship: _____
Phone: _____

Section Two: Involvement in IASE.

How long have you been an IASE member? _____ (please become an IASE member before applying) What IASE conferences have you attended? _____
What IASE committees have you served on and when? _____

Section Three: Professional Information

Academic Qualifications: _____

Current or past Special Education professional experience.

Skill areas in Special Education you are willing to offer:

Length of time you are willing to volunteer: _____
What time of the year are you available? _____
Country(s) or IASE sites of preference? _____
Languages spoken? _____

Do you require any accommodation or specific assistance to successfully complete your service at a volunteer site? YES___NO___

If yes, please give details. (i.e. Assistive Technology, mobility support)

Section Four: Applicant Screening Information

Do you use illegal drugs? _____

Have you ever been convicted of a criminal offense? _____

Have you ever been charged with neglect, abuse or assault? _____

Have you ever been charged with sexual assault or crimes involving violence? _____ Have you ever told a lie in your life to get out of trouble? _____

If you are successful in your application and we have suitable positions available, then IASE requires that you give permission to complete a background check using an appropriate law enforcement institution in your country.

The volunteer is expected to pay their own travel costs, health insurance and medical evacuation cost. The volunteer agrees to be responsible for acquiring all necessary and appropriate immunization/vaccination documentation for country specific international travel. The volunteer site is responsible for meeting and transporting the volunteer upon arrival, providing housing, meals, and local transportation to the school/agency. IASE is not liable for international events that may disrupt the completion of the task mutually agreed upon by the applicant for service and the volunteer. The volunteer is expected to write a report and file an evaluation form regarding their volunteer service.

I understand that under the terms of the IASE Volunteer Service Project, that this is an altruistic program thus I will not negotiate or accept remuneration from the volunteer site to aid in my own expenses. I have read and agree to the IASE Volunteer terms as stated on this application. I understand that the information is subject to verification and that the information I have provided is true and complete.

Date _____ Signature _____ Mail completed /signed form to: **IASE Volunteer Service** c/o Dr. Drower PO Box 2159, Mesa, Arizona 85214 USA **OR** e-mail completed/signed form to: **dririsdoug@gmail.com**