



Outer Limits India 2010-2011

Application Form

Name:	Date of Birth: Current Age:
<u>Address</u> Street: Apt./unit# City: Province: Postal Code:	
Home phone:	Work or cell phone:
Email:	
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Trans <input type="checkbox"/>	
I am a: <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident; Citizenship: _____ <input type="checkbox"/> Other: _____	
What is your main interest in joining the Outer Limits program? Please check off the most important ones to you. <input type="checkbox"/> Job skills development <input type="checkbox"/> Intercultural experience <input type="checkbox"/> Adventure <input type="checkbox"/> Personal challenge <input type="checkbox"/> Creating social change in the world <input type="checkbox"/> Other: _____	
Why do you want to join this program? What do you want to get out of it?	
What is one change that you want to make in your life?	

What issues do you care about? Please check the ones that are most important to you.

- | | |
|---|--|
| <input type="checkbox"/> Poverty | <input type="checkbox"/> the Environment |
| <input type="checkbox"/> Hunger | <input type="checkbox"/> Racism, Sexism, Homophobia, the "ism's" |
| <input type="checkbox"/> Education/Literacy | <input type="checkbox"/> Human Rights |
| <input type="checkbox"/> Drugs & Alcohol | <input type="checkbox"/> Health |
| <input type="checkbox"/> Immigration | <input type="checkbox"/> Animal Rights |
| <input type="checkbox"/> Violence | <input type="checkbox"/> Issues in other countries |
| <input type="checkbox"/> DisAbility issues | <input type="checkbox"/> Policing |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |

What strengths/ skills would you bring to the program?

Have you done volunteer work before? If yes, where?

Have you lived away from family/friends before?

What skills would you like to learn?

- | | |
|--|--|
| <input type="checkbox"/> Communication skills | <input type="checkbox"/> Conflict resolution |
| <input type="checkbox"/> Team building | <input type="checkbox"/> Community action planning |
| <input type="checkbox"/> Cross-cultural understanding | <input type="checkbox"/> Personal goal setting |
| <input type="checkbox"/> Putting anti-discrimination to work | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Getting back into school | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Teaching conversational English | |

Education and work history: We are looking for participants with a mix of life experiences – no answer is better than any other.

- | | |
|---|-------------------|
| <input type="checkbox"/> In high school | School: _____ |
| <input type="checkbox"/> In college, university | School: _____ |
| <input type="checkbox"/> Co-op, work placement | Location: _____ |
| <input type="checkbox"/> Out of school | |
| <input type="checkbox"/> working part-time | Occupation: _____ |
| <input type="checkbox"/> working full-time | Occupation: _____ |
| <input type="checkbox"/> Out of work, out of school | |

Physical, Health and Lifestyle:

If you are accepted to *Outer Limits-India*, you will be required to take a set of vaccinations, and may be required to take anti-malarial medication.

Are you willing to do this? Yes No

How would you rate your level of physical fitness?

Low Medium High

What allergies, health issues or other conditions do you have (if any) that might affect your participation in this program?

How do you react to the idea of heat, rain, bugs and the possibility of living without a hot shower, e-mail and easy access to a phone to call home? How do you feel about a diet that may be very different from what you are used to?

What beliefs, habits, dietary or other restrictions do you have that might affect your participation in this program?

Is there anything else that we should know about you?

How did you hear about Outer Limits?

I, _____ certify that, to the best of my knowledge,
Print full name
the information contained in this application is complete and accurate.

Signature of applicant

Date

Once your application is completed, please deliver it to:

Scadding Court Community Centre
707 Dundas St. West
Toronto, Ontario
M5T 2W6

Applications must be received by
Wednesday, July 28, 2010 at 12:00 PM

When you deliver your application, be sure to book an interview time with Ali or Mohsin.

Ali Jimaleh
ali@scaddingcourt.org
416-392-0335 x 223

Thank you for applying to the *Outer Limits-India* project.
We look forward to speaking with you soon.