



EXTREME TEAMS **Extreme Response International** **Volunteer Team Application**

Date: _____

Country and/or Project of interest: _____

Name of your Organization

Complete Mailing Address

E-Mail Address

Telephone Number

Fax Number

Name of Team Leader or Contact Person

Team Leader E-Mail Address

Daytime Telephone Number

Fax Number

- Please explain the cross-cultural project experience of the team leadership and your organization.

- First Time?

- Two or more times?

Please explain:

With what organizations have you recently participated with and when?

- What type of work would you like to be involved in? Light Construction (i.e. painting, carpentry landscaping etc.)
 Medium Construction (i.e. laying block, building forms, pouring concrete etc.) Heavy Construction (i.e. digging and pouring foundations etc.) Community Service (i.e. Kids Club) Other _____

- What type of work setting do you prefer? City Rural/Rustic Wherever needed the most. Other _____

- When would you be available to participate with us?

First Choice of Dates _____ Second Choice of Dates _____

- What is the approximate size of the team you would like to bring? _____

- What is the anticipated age range of your team? (Minimum age – 16 yr.) _____

- May we suggest a 10 – 13 day trip? What is your preference? 10-day trip 13-day trip

- Extreme Response requires that each team donate funds to help with costs of the projects. You will be asked to send \$400 per person towards the project. Usually this amount is requested 60 days in advance of the project. The amount can vary based on the project selected and size of team.

- **Extreme Response requires each team to provide funds to cover the cost of their daily hospitality expenses. Are you willing and able to send funds to ER in advance of your departure to cover the costs of your daily expenses?** Yes No
(Each team is asked to deposit funds to cover their daily expenses into an ER account set up for the team. These funds will be used to cover the cost of daily expenses, including lodging, food, transportation, team orientation materials, ER t-shirts, etc. This figure takes into consideration some meals in restaurants and some sightseeing. We also ask that teams bring snack or grocery items not available in their service location. If you desire an extended period of R&R or additional meals in restaurants there may be an added expense.)
- **Is your organization currently involved in the support of Extreme Response or any of our staff?**
 Yes No If yes, please explain _____

- **If you have a relationship with one or more of our staff would you like them to be involved with your group as their responsibilities permit?** Yes No Comments _____

- **Have you contacted anyone else from Extreme Response regarding the possibility of bringing a volunteer team?**
 Yes No If yes, Who? _____ When? _____

- **What preparation is planned for the team? Please explain** _____

- **What goals have been set for the participants as individuals and for the group as a whole as you serve with us?**

- **Application completed by** _____ **on** _____ **. Signed by** _____
Name Date Signature

Please return via E-Mail to:

Dan Maloy (dmaloy@extremeresponse.org)

or

Email: extremeteams@extremeresponse.org