Bermuda Turtle Project

International Field Course – Biology and Conservation of Sea Turtles

August 1 – August 12, 2005

Application Form

Applicant's Name _____

Contact Address _____

_____

Nationality _____

E-mail contact : _____

Fax #: _____

Telephone #: Day _____ Evening _____

Date of Birth _____

School/Employer _____

Qualifications

Swimming ability — Strong ☐ Medium ☐

Please Note - due to the emphasis of the course on field work we cannot accept weak swimmers

Physical Condition — Good ☐ Average ☐

(See below for medical information)

Experienced Snorkeller — YES ☐ No ☐

Experienced Scuba Diver — YES ☐ No ☐

BAMZ/BZS Volunteer — YES ☐ No ☐

BAMZ/BZS North Rock Diver — YES ☐ No ☐

Additional Information

Is the applicant applying for scholarship funding? YES ☐ No ☐

Has the applicant applied for this course before? YES ☐ No ☐

What is the applicant's understanding of spoken English? Poor ☐ Fair ☐ Fluent ☐

What is the applicant's understanding of written English? Poor ☐ Fair ☐ Fluent ☐

What is the extent of your formal training in biology?

_____

_____

_____

Describe any additional experience that might help qualify you for this course

_____

_____

What opportunities will you have to apply what you learn on this course to conservation in your own country. Please submit a brief description along with your application (this can be supplied on a separate sheet). **If you have had previous experience working with sea turtles please provide a brief description of that work**

Medical Information:

Does the applicant have any of the following:	**YES**	**NO**
allergies (if yes, please describe below)	☐	☐
special diet required (if yes, please describe below)	☐	☐
asthma	☐	☐
diabetes	☐	☐
heart problems	☐	☐

other: specify _____

Does the applicant have any condition that requires special consideration? ☐ ☐

If yes, please describe _____

Liability

- Please ensure that you have liability/health insurance coverage

I release the Bermuda Aquarium, Museum and Zoo, the Friends of the Bermuda Aquarium, Ltd. and the Bermuda Zoological Society, and collectively or individually its trustees, directors, officers, employees, representatives and host families from all actions, proceedings, claims and demands from all liability during my participation in this course.

Signature of applicant _____

Date _____

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P.O. Box FL145, Flatts, FLBX, Bermuda