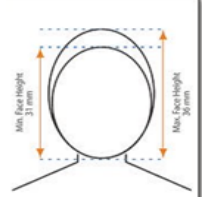


**KA'KABISH ARCHAEOLOGICAL RESEARCH PROJECT
STUDENT APPLICATION FORM**

Attach Photo for Airport
Identification



PERSONAL INFORMATION

STUDENT NAME: _____
(Last) (First) (Initial)

DATE OF BIRTH _____ AGE: _____

PREFERRED GENDER IDENTIFICATION (*used for accommodation assignments*): _____

CITY AND PROVINCE/STATE OF BIRTH: _____

NATIONALITY: _____

COUNTRY OF BIRTH: _____

PASSPORT#: _____

COUNTRY OF ISSUE: _____

DATE ISSUED: _____

EXPIRY DATE: _____

PERMANENT/HOME ADDRESS

ADDRESS DURING ACADEMIC YEAR:

PHONE: _____

PHONE: _____

EMAIL ADDRESS(ES): _____

EDUCATION INFORMATION

UNIVERSITY OR COLLEGE ATTENDING: _____

DEPARTMENT: _____

CURRENT YEAR OF ENROLMENT: _____ PROGRAM: Undergraduate / Graduate - MA PhD.

STATUS: Full-Time Part-Time

LIST PREVIOUS ANTHROPOLOGY/ARCHAEOLOGY AND OTHER RELATED COURSES (i.e., geography, forensics, biology):

DO YOU HAVE ANY PREVIOUS FIELD EXPERIENCE? YES or NO

If yes, please note where and what type of work you did (mapping, excavation, etc.)

ARE YOU TAKING THIS FOR ACADEMIC CREDIT (ANTH 3000Y)? YES or NO

IS THIS COURSE REQUIRED FOR YOU TO GRADUATE? YES or NO *(if yes, specify below)*

Needed Credit YES or NO

Degree Requirement YES or NO

ARE YOU REGISTERED WITH STUDENT ACCESSIBILITY SERVICES AND MAY REQUIRE ACADEMIC ACCOMMODATIONS?

YES or NO

NAME AND CONTACT INFORMATION OF A PROFESSOR WHO CAN SERVE AS A REFERENCE

NAME OF SUPERVISOR: _____

CONTACT INFORMATION FOR SUPERVISOR: _____

ADDITIONAL SKILLS AND INFORMATION

OTHER SKILLS: drawing photography mapping/surveying GIS/computers

first-aid/medical training *(please elaborate)* _____

LANGUAGES SPOKEN: _____

PREVIOUS RELEVANT TRAVEL EXPERIENCE AND NATURE OF TRAVEL (with family, independent, resort, backpacking, etc.):

MEDICAL INFORMATION

NOTE: we are in a remote area where medical assistance is not readily available. Participants who are found to have deliberately misrepresented their medical health or omitted medical conditions that subsequently affects their participation in the daily field work may be dismissed from the project and/or receive a grade of F.

HOW WOULD YOU RATE YOUR PHYSICAL FITNESS? (NOTE: archaeological work is **very** demanding and involves strenuous labour such as heavy lifting, digging, and hiking, in hot [+35°C/95°F] and humid conditions so be honest).

- poor average better than average excellent

DO YOU HAVE ANY MEDICAL CONDITIONS THAT MIGHT PREVENT YOU FROM PARTICIPATING IN THE DAILY FIELD ACTIVITIES AND/OR BE MADE WORSE BY THE FIELD CONDITIONS, NATURE OF THE WORK, AND/OR SUBSEQUENTLY REQUIRE MEDICAL ASSISTANCE? (e.g., epilepsy, heart conditions, high blood pressure, chronic diarrhea, heat-related issues, etc.).

YES NO

If so please identify these issues? _____

OTHER INFORMATION REGARDING PHYSICAL & MENTAL HEALTH AND STAMINA (i.e., epilepsy, diabetes, heart condition, high blood pressure, migraines, or other systemic or stress related issues [including anxiety/stress to new situations and insects])

DO YOU HAVE ANY ALLERGIES?

YES NO

If so to what? _____

ARE YOU ALLERGIC TO BEE STINGS?

YES NO DON'T KNOW

DIETARY ALLERGIES, RESTRICTIONS OR REQUIREMENTS? (i.e., Kosher, Vegetarian, Dairy, Eggs, etc.)

YES NO

If so to what? _____

DO YOU HAVE ANY **LIFE THREATENING** ALLERGIES?

YES NO

If so to what? _____

MEDICATION TAKE FOR ANY/ALL OF THE ABOVE (indicate type, dosage, frequency)

PERSONAL STATEMENT

I, _____, state the information above is accurate and acknowledge that misrepresentations of any of the above information may affect my mark in the course to the extent of receiving a failing grade and/or dismissal from the project. I am aware of the potential hazards of archaeological field work and agree to do my best to minimise the risks associated with field excavation. I understand that Trent University and its employees, cannot be held responsible for injuries, death, or legal problems that result from my failure to act in accordance with the rules and guidelines set forth by the KARP staff. I hereby release Trent University, Dr. Haines, and all employees of these agencies from all liability for loss and damage to personal property, and for bodily injury incurred during or in association with the Ka'kabish Archaeological Research Project.

Signature _____ Date _____

SEND APPLICATION TO:

Dr. Helen R. Haines
Department of Anthropology
Trent University Durham-GTA
55 Thornton Road, Oshawa, Ontario
L1J 5Y1

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Fax: 905-431-5101
E-Mail: helenhaines@trentu.ca