

BOOKING FORM:

Please note that completion of this form does not constitute an agreement with The Safari Lodge Volunteer Program:

Section A:

Project: Amakhala Game Reserve

Preferred Starting Date:

Preferred Duration Of stay:

Title:

First Name:

Last Name:

Address:

Town:

County/State:

Country:

Postcode/Zip:

Email 1:

Email 2:

Tel Home:

Tel Work:

Occupation:

Date of Birth:

Gender:

Nationality:

Section B:

Emergency Contact:

Name:

Relationship to you:

Tel Home:

Tel Work:

Email:

Address:

Section C:

Passport Details:

Number:

**Place and date
Of issue:**

Expiry Date:

Section D:

Health and Fitness:

Do you suffer from any of the following? Asthma, Epilepsy, Diabetes, Allergies

Do you take any prescription drugs or medication?

Have you had any psychological/psychiatric illness in the last 2 years?

If yes to any of above, please supply information below:

Do you have any dietary requirements?

Do you smoke?

Please introduce yourself to the project staff, by telling us a bit about your interests, previous travel/volunteering experience, language skills and any other relevant information or qualifications which might be handy or useful to know.

Section E:

Please state your reasons for applying for this project – what do you hope to gain?

Please tell us if you have any queries/concerns about the project which you want to join?