

Presentation Quest
REGISTRATION FORM
2009-2010 Immersion and Service Experiences

Please check which event(s) you are interested in taking part:

SCHEDULED EVENTS

- Fort Benning, GA: November 20-22, 2009
- Okolona, MS: November 22-27, 2009
- New Orleans, LA: January 3-9, 2010
- Chicago, IL: April 5-10, 2010
- Dubuque, IA: May 15, 2010
- Kansas City, MO: June 27-July 2, 2010
- Cedar Rapids, IA: July 5-9, 2010
- Dubuque, IA: October 2, 2010

UNSCHEDULED EVENTS

- Lantern Light, New Orleans, LA
- Reconcile New Orleans, New Orleans, LA
- Aurora House, Weslaco, TX
- Cultural Immersion, Okolona, MS
- Presentation Lantern Center, Dubuque, IA
- Dubuque Food Pantry, Dubuque, IA
- Sisters of the Presentation, Dubuque, IA

Date(s) & time(s) you would like to volunteer: _____

Do you need transportation? _____

(Please print clearly)

Name _____

Address _____

City _____ State _____ Zip _____

Home/Cell phone _____

Email _____

Age (optional) _____

Do you have a valid driver's license? Yes No

If yes, License# _____

State _____ Expiration date _____

Current health insurance provider _____

Policy# _____ Expiration date _____

Have you had a tetanus shot within the last 10 years?
 Yes No (If no, participant MUST complete vaccination prior to departure)

Person to be notified in an emergency:

Name _____

Address _____

City _____ State _____ Zip _____

Home/Cell phone _____

Briefly explain your interest this program.

List and describe service experiences that you have had in the past. (i.e. visiting nursing homes, campus ministry projects, serving meals, etc.)

Do you bring any specific skills to this project? (i.e. playing an instrument, construction, healthcare, bilingual, etc.)

Do you have personal concerns/hesitations about being involved in this project?

Do you know or have ever worked with Presentation sisters?

I will abide by the directives of trip sponsors and coordinators, and of the local site directors. I realize that participation in this service is contingent upon meeting the expectations which they specify. I do not/will not hold either the coordinators nor sponsoring institutions responsible for illness, injury or accidents.

Signature _____

Date _____

Three references are needed. We suggest two from the following: principal, dean of students, teacher, past service supervisor, youth minister, pastor, campus minister, guidance counselor, employer, etc. (Presentation sisters and associates, past participants of Presentation sponsored immersion trips need not complete references.)

Trip size is limited. All forms must be returned for the application to be considered: 1) return registration form
2) return reference form to: Sisters of the Presentation, Coordinator of Immersion and Service, 2360 Carter Road, Dubuque, IA 52001 or email it to service@dubuquepresentations.org.