

## APPLICATION- FORM

We are happy that you have decided to join Boundless Love. To reserve your spot, please fill out this form CAREFULLY and submit it with a refundable deposit of 50 usd. Mitaboni Boundless Medical Clinic guarantees your placement, otherwise, your deposit will be refunded. We are committed to offer you a life changing and professional volunteer abroad experience.

Complete Name

Complete Address

Email

Phone number

Date of birth

Gender

Emergency contact (name, address, relationship, and phone number)

Date you want to start

Duration of Stay in Weeks

Are you interested to join language and cultural immersion, Spanish language, and travel/excursion program?

Please explain your academic qualification, any relevant experience, and motivation to join volunteer abroad program

Are you in good health mentally and physically for traveling and volunteer work? Have you ever been convicted of a felony?).

Please write your concerns or questions (if any)  
Are you traveling with other applicants? If yes  
write the name of the other applicant/s.

*Before making the program deposit, I acknowledge that I thoroughly read all of Global Crossroad's [Terms and Conditions](#) for my volunteer placement. I hereby agree on all the terms and conditions given by Global Crossroad.*

.....

Date

.....

Name/Signature

Registration Fee:

Pay Via PayPal – [give@boundlessmedicals.org](mailto:give@boundlessmedicals.org)

Send the form to us.