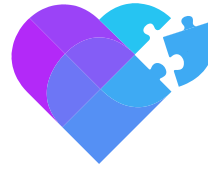


SASS



Sisters as a
Support System

SASS Program Cusco, Peru
Attn: Dr. Debra Krotish
12 Sunrise Point
Irmo, SC. 29063
Phone: 803.371.0557
Debra.krotish@gmail.com

SASS Application Cusco, Peru

Please return this application by uploading on our website: SASS.love, email to debra.krotish@gmail.com or snail mail at the above address.

Participation is subject to availability; this program fills up early.

Personal and Academic Information

Name of the Group (if applicable) _____

Full Name: _____

Preferred Name: _____

Birth Date: ____/____/____ Age: ____ Sex or Gender: __ M __ F Marital status: _____

Permanent Address: _____

City _____ State _____ Zip Code _____

Phone: _____ E-mail: _____

Occupation: _____

If Medical Professional type of medical licensure and specialty: _____

Place of Employment or University: _____

If student, degree program or major: _____ Year in Program: _____

Citizenship: _____ Passport Number: _____

Date of Issuance: ____/____/____ Date of Expiration: ____/____/____ *

*Date of Passport Expiration must be at least 6 months AFTER your departure to return home from Peru as required by Peruvian Government.

Emergency contact information:

Primary contact person:

Name: _____

Relationship: _____ Phone number: _____

Email: _____

Secondary contact person:

Name: _____

Relationship: _____ Phone number: _____

Email: _____

Have you ever participated in a Global Health Program? yes _____ no _____

If yes, which program? _____

Do you speak Spanish (this will not determine whether or not you are accepted into the program)? _____ Yes, I am fluent in Spanish

_____ Yes, I can carry on a conversation

_____ Yes, but do not speak very well

_____ No, I do not speak Spanish

Please tell us what you hope to accomplish while in Peru:

What date(s) do you prefer to travel to CervuCusco? _____

Personal Health:

Do you have any medical conditions? Yes ____ No ____ if yes, please describe condition(s) and medications:

Do you have any cardiac or pulmonary conditions or sickle cell disease? Yes ____ No ____ If yes, please describe the condition and medications:

Do you have any known allergies? Yes ____ No ____ if yes, please describe the allergy and the reaction as well as any medications:

Have you had COVID? Yes ____ No ____

Have you had the COVID vaccine? Yes ____ No ____ (If no, list anticipated dates below)

If yes, who is the vaccine manufacturer(s)? _____

Date of Vaccine 1 _____ Date of Vaccine 2 _____

*Please provide a copy of your card or have a copy of a negative COVID test taken within 48 hours of arrival in Peru.

Disciplinary and Criminal Record:

Have you been convicted of a crime other than a minor traffic offense, or are any criminal charges now pending against you? ____ Yes ____ No

If yes, please explain:

Academic Programs (only):

Are you in good academic standing with your academic program or educational institution?

Yes _____ No _____

Have you ever been on disciplinary or academic probation?

Yes _____ No _____ If yes, please explain:

Application Signature:

Applicants who are accepted to participate in the SASS program are required to complete and sign an agreement and waiver which stipulates the terms and conditions of the program, conduct regulations and a waiver of liability.

I acknowledge that the information provided on this application is true and accurate to the best of my knowledge.

Signature: _____ Date: _____

Printed Name of Parent or Guardian** _____

Signature of Parent or Guardian** _____

**All volunteers under the age of 18 must have parental or guardian signature.