



# THE BELIZE VALLEY ARCHAEOLOGICAL RECONNAISSANCE PROJECT

## APPLICATION FORM

You are applying to join a research project that is operating in a culturally diverse country, under conditions which will likely be quite different from those to which you are accustomed to in your home country. The project involves hard physical labor and the ability to live and cooperate in close quarters with others in a tropical environment.

This questionnaire helps ensure that we have some idea of your skills, interests, strengths, and weaknesses prior to the beginning of the field season. Please try to answer as accurately and completely as possible. You may complete the online questionnaire below, or you may download the PDF form (on the BVAR website) and return your answers via email. Please do not send us duplicate questionnaires.

Thanks for taking the time to fill the application out completely!

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## BASIC INFORMATION

Full name (and preferred name, if other):

Session applying for (summer 2023):

Option 1 (4 weeks)     Session 1: 29 May-24 June     Session 2: 2-29 July     Both

Option 2 (2 weeks)     Session 1: 29 May-10 June     Session 2: 2-15 July

Are you applying for credit through NAU? You must participate for four weeks in order to receive credit. The deadline to apply is Feb. 15. Contact Myka Schwanke ([bvararchaeology@gmail.com](mailto:bvararchaeology@gmail.com)) or visit the [NAU Center for International Education website](#) for more information.

Yes     No     Maybe     Already applied

Date of birth (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_

Country of citizenship:

Gender (for roommate assignment):

Email address:

Permanent mailing address:

**Phone number with country code:**

**School/Employer:**

**Major and year (students only):**

**Relevant course work and/or previous archaeological experience:**

**What do you expect from this experience?**

**We all have weaknesses. What do you consider to be yours?**

**What do you consider to be your strengths?**

**Do you have any specific archaeological interests?**

**What is your previous foreign travel experience? Please list which countries you have visited, when, and for how long you visited.**

## **MEDICAL AND DIET INFORMATION**

**\*\*Please note that this information, and any other sensitive personal information, will remain confidential.**

**Do you have any medical concerns or needs? It is imperative that we are aware of any special medical concerns. No facilities exist to accommodate severe handicaps or medical conditions. Do you have any medical conditions of which we should be aware?**

**Do you take any medication? Please list them here. Please be aware that there are no facilities available for medication that needs to be refrigerated, and it will not be possible to get prescription refills.**

**Do you have any special dietary concerns? While we do our best to meet dietary needs, we may be unable to accommodate extremely specialized diets in some cases.**

**Do you have any allergies? (food or other)**

**Do you have any physical conditions of which we should be aware? (e.g., bad back, trick knee, etc.)**

**How did you find out about the project?**