

ARE YOU ALLERGIC TO BEE STINGS? YES NO DON'T KNOW

DIETARY ALLERGIES, RESTRICTIONS OR REQUIREMENTS? (i.e., Kosher, Vegetarian, etc.) YES NO

If so to what? _____

DO YOU HAVE ANY LIFE THREATENING ALLERGIES? YES NO

If so to what? _____

MEDICATION TAKE FOR THE ABOVE (indicate type, dosage, frequency) _____

OTHER INFORMATION REGARDING PHYSICAL HEALTH AND STAMINA (i.e., epilepsy, diabetes, heart condition, high blood pressure, migraines, or other systemic or stress related disorders requiring medication)

MEDICATION TAKE FOR THE ABOVE (indicate type, dosage, frequency) _____

EDUCATION INFORMATION

UNIVERSITY OR COLLEGE ATTENDING: _____

DEPARTMENT: _____

CURRENT YEAR OF ENROLMENT: _____

NAME OF SUPERVISOR (if any): _____

PROGRAM: Undergraduate / Graduate - MA PhD.

STATUS: Full-Time Part-Time

CONTACT INFORMATION FOR SUPERVISOR

Major Minor Specialist

(non-Trent Students Only):

LIST PREVIOUS ANTHROPOLOGY/ARCHAEOLOGY AND OTHER RELATED COURSES (i.e., geography, geology):

DO HAVE ANY PREVIOUS FIELD EXPERIENCE? YES or NO

If yes, please discuss where and what type of work you did (mapping, excavation, etc.)

ARE YOU TAKING THIS FOR ACADEMIC CREDIT (ANTH 3000Y)? YES or NO

IS THIS COURSE REQUIRED FOR YOU TO GRADUATE? YES or NO

ADDITIONAL INFORMATION

OTHER SKILLS: drawing photography mapping/surveying GIS/computers
 first-aid/medical training (please elaborate) _____

LANGUAGES SPOKEN: _____

PREVIOUS TRAVEL EXPERIENCE:

REASON FOR CHOOSING THIS PROJECT:

I, _____, the information above is accurate to the best of my knowledge. I am aware of the potential hazards of archaeological field work and agree to do my best to minimise the risks associated with field excavation. I understand that Trent University and its employees, cannot be held responsible for injuries, death or legal problems that result from my failure to act in accordance with the rules and guidelines set forth by the KARP staff. I hereby release Trent University, Dr. Haines, and all employees of these agencies from all liability for loss and damage to personal property, and for bodily injury incurred during or in association with the Ka'Kabish Archaeological Research Project.

Signature _____ Date _____

SEND APPLICATION TO:

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