

DZHUNGAR MOUNTAINS ARCHAEOLOGY PROJECT
2023 Application (Deadline March 10, 2023)

PERSONAL DETAILS

Name (first, last) _____

Address (street address, state, zipcode, country) _____

Email address _____

Phone number (include area code) _____

Citizenship _____

Gender _____

Date of Birth (mm/dd/year) _____

Passport number _____

Place of Issue _____

Issue Date (mm/dd/year) _____ Expiration Date _____

Home College or University (if applicable) _____

Majors/Minors _____

EMERGENCY CONTACT

Name (first, last) _____

Address (street address and country) _____

Email address _____

Phone number (include area code) _____

Relationship to you _____

REFERENCE (please provide one academic or professional reference)

Name (first, last) _____

Affiliation _____

Address (street address and country) _____

Email address _____

Phone number (include area code) _____

Relationship to you _____

STATEMENT OF INTEREST (please attach document, of no more than 500 words)

Statement should include brief description of your interest in this project, and experience you have had that might be helpful on this project. Please list all educational or professional background that is pertinent, as well as any previous foreign travel. NOTE: previous archaeological experience is not required.

MEDICAL BACKGROUND

Medical treatment will not be equal to the norm in the US. Please be sure to list all special medical conditions you may have. You must bring any prescription or over the counter medications that you require.

Medical conditions over the past 5 years _____

Blood type _____

Dietary restrictions _____

Check any of the following that are applicable: Diabetes _____ Epilepsy _____ Scoliosis _____

Allergies (please list): _____

Other health concerns (please provide details) _____

Any other pertinent information _____

TERMS AND CONDITIONS

As a team member (hereafter Participant) of the Dzhungar Mountains Archaeology Project, I will adhere to the regulations and maintain a standard of good conduct. The director of the expedition (hereafter Director) reserves the right to require a Participant to withdraw at any time if conduct or behavior jeopardizes the welfare of any participant or the fulfillment of the objectives of the project. Additional travel costs due to early dismissal will be the entire responsibility of the Participant. It is understood that the Participant will assume all responsibilities, financially or otherwise, for any illness or injury which might occur during the expedition. Emergency transport, medical or hospitalization costs resulting from illness or accident during the expedition are the responsibility of the Participant receiving such care. In cases where the Director, in consultation with the Participant and local medical authorities, considers it necessary, a Participant will be sent home or hospitalized. The Director will make every effort to ensure that an ill or injured volunteer receives proper medical attention. The Participant is aware that while taking part in this project, certain exposure to risks may occur. Exposure may include but not be limited to: accident and/or sickness without readily available medical facilities, the forces of nature, travel on the ground and in the air, and others. In consideration of the right for the Participant to engage in this project, he or she assumes all of the risks involved and agrees to indemnify and hold the Director of the project and his/her Associations harmless for any and all liability that may arise in connection with travel to and from the archeological site, to any of the excursions, and while engaged in any archaeological or other activities.

I have read and fully understand and accept the conditions for participating in this archaeological expedition. I declare that all information provided in this form is true, complete and correct to the best of my knowledge.

Full name of applicant _____

Signature of applicant _____