

Address:

City

Province

Country

Postal Code

Telephone: _____ Fax: _____ Email:

Name of contact person & position:

Health Information and Emergency Contact

1. Do you have any health conditions that we need to be aware of? Yes No

If yes, please describe:

2. Do you take any medication? Yes No

If yes, please describe:

3. Are you able to walk long distances for extended periods of time? Yes No

4. Are you able to travel in a car for prolonged periods of time? Yes No

5. In case of emergency the delegation should contact:

Name:

Address:

Relationship to you:

Telephone: _____ Fax:

----- email: _____

C. Previous Observer Experience

1. Have you ever served as an electoral or human rights observer? Yes No

If yes, where?

If yes, when?

Which organization or delegation?

2. Have you ever been to Mexico?

Yes

No

If yes, how many times?

If yes, where and when?

3. Have you ever done any volunteer/professional work in Mexico or other Latin American country?

Yes

No

If yes, please describe:

4. Do you speak Spanish?

Yes

No

If yes, please rate yourself from 0 (no Spanish) to 10 (fluent) in the following categories:

Speaking: _____

Writing: _____

Comprehension: _____

5. If you are a fluent Spanish speaker, would you be available to serve as a translator for the delegation?

Yes

No

6. If you have experience as an election observer, would you be willing to serve as an on-the-ground coordinator for the delegation in Mexico? This would include providing translation support, assistance with logistics, and potentially overseeing a sub-group of the delegation, organizing delegates' transportation to and from meetings, being a contact person for the sub-group on election day, and coordinating the writing of the sub-group's election day report.

Yes

No

7. Why do you want to be a member of this delegation and serve as an election observer?

D. Post Election Follow-up

7. Would you be willing to write a report of your own observations delegation?

Yes

No

8. Would you be willing to participate in organizing and giving education presentations in your community regarding your experiences? Yes No

9. What other activities would you be willing to undertake in order to share your experiences as a delegate with the community?

Signature

Date

Please return your completed application and letter of support no later than November 15, 2005, by email to: elections@commonborders.org

If you have questions, please e-mail: elections@commonborders.org or call: (250) 370-9879.