**IRIS Field Experience in Seismology Program (FieldXP)**

**Participant Application**

**Section 1: Basic Information**

First Name: Last Name:

Email: Cell Phone Number:

Temporary Address

(if Temporary and Permanent Address are the same, please fill out permanent only.)

Street Address:

Street Address 2:

City, State, Zip:

Permanent

Street Address:

Street Address 2:

City, State, Zip:

Emergency Contact Name:

Emergency Contact Phone:

**Section 2: Education History**

Current Academic Institution of Affiliation:

Major (Please Specify):

Career Stage:

*    Undergraduate Freshman
*    Undergraduate Sophomore
*    Undergraduate Junior
*    Undergraduate Senior

Please describe other career level:

Anticipated Graduation Date (MM/YYYY)

Date of Last Degree Received (report highest degree earned/anticipated):

**Section 3: Experience and Interest in FieldXP**

What type of hobbies do you enjoy, and what in particular excites you about them?

Briefly explain why you wish to participate in a field project, and how participation would further your future career and personal goals.

Briefly describe any leadership experience (e.g., clubs, sports, and other collaborations) you have had in the past two years, if applicable?

Is there anything else that you would like our selection committee to know about you that hasn't already been covered?

**Section 4: Skills and Needs/Wants Assessment**

Field experiences may involve rental vehicles. Are you willing and able to drive a vehicle as part of this project?

*    Yes
*    No

Some field experiences may require camping or hiking, and your may need personal gear. Please check whether you have the following gear:

*    Boots
*    Rain Gear
*    Hiking Backpack
*    Sleeping Bag
*    Mess Kit

Any other questions/concerns/comments that you would like the Project Investigators (PIs) to be aware of?

**Section 5: Demographic Information**

What is your citizenship status?

*    United States Citizen
*    Permanent Resident of the United States or its possessions
*    None of the Above

If none of the above, please list your citizenship:

Date of Birth (MM/DD/YYYY)

Gender:

*    Male
*    Female
*  Trans

Ethnicity:

*    Hispanic or Latino
*    Not Hispanic or Latino

What is your race? Mark one or more races to indicate what race you consider yourself to be.

*    White
*    Black
*    Asian
*    American Indian or Alaska Native
*    Native Hawaiian or Other Pacific Islander

What is your disability status? (Select one or more.)

*    Visual Impairment
*    Hearing Impairment
*    Mobility/Orthopedic Impairments
*    None
*    Other

Please specify other disabilities.