

~APPLICATION~
SERVICE TRIPS TO KENYA

Global Village Ministries

NAME EXACTLY AS IT APPEARS ON YOUR PASSPORT

SURNAME (as it appears in your passport) _____ FIRST NAME _____ MIDDLE INITIAL _____

PREFERRED NAME _____ BIRTH DATE Month _____ Day _____ Year _____

MAILING ADDRESS /CONTACT INFO

STREET _____ CITY _____

STATE (COUNTRY) _____ ZIP CODE (POSTAL CODE) _____

CHURCH AFFILIATION _____ E-MAIL ADDRESS _____ @ _____

PHONE: Home () _____ - _____ Cell: () _____ - _____

PASSPORT NUMBER _____ DATE OF EXPIRATION _____ NATIONALITY _____

**PLEASE NOTE THAT IF IT EXPIRES WITHIN 6 MONTHS OF YOUR DATE OF TRAVEL YOU WILL NEED TO RENEW IT*

EMERGENCY CONTACT INFORMATION (cannot be a person coming on the trip)

NAME _____ RELATIONSHIP _____

STREET _____ CITY _____

STATE (COUNTRY) _____ ZIP CODE (POSTAL CODE) _____

E-MAIL _____ @ _____

HOME PHONE () _____ - _____ WORK () _____ - _____ CELL () _____ - _____

WORK/EDUCATION

WHAT IS YOUR PROFESSION? _____ WHERE DO YOU CURRENTLY WORK? _____

ARE YOU A STUDENT? YES NO

AREA(S) TO VOLUNTEER IN (MARK THEM 1-7 WITH 1 BEING THE FIRST CHOICE AND 7 LAST CHOICE)

___MEDICAL ___DENTAL ___REGISTRATION ___OPTICAL ___PHARMACY ___CHILDRENS PROGRAM ___WOUND CARE

*Keep in mind that we do not always provide optical or children's program

WHICH TRIP(S) ARE YOU INTERESTED IN?

- | | | | | |
|---|---|---|----|---------------------------------|
| <input type="checkbox"/> Feb 12 – 25, 2020 | <input type="checkbox"/> Feb 25- Mar. 1, 2020 | <input type="checkbox"/> Optional Trip to Mt Kenya | or | <input type="checkbox"/> Safari |
| <input type="checkbox"/> July 1 – 14, 2020 | <input type="checkbox"/> July 14 - 18, 2020 | <input type="checkbox"/> Optional Trip to Mt Kenya | or | <input type="checkbox"/> Safari |
| <input type="checkbox"/> Sept 30 – October 13, 2020 | <input type="checkbox"/> Oct 13 – 18, 2020 | <input type="checkbox"/> Optional Trip to the Coast | | |

PERSONAL INFORMATION

DO YOU HAVE ANY SPECIAL DIETARY NEEDS? _____

LIST ANY ALLERGIES YOU HAVE _____

LIST ANY MEDICAL CONDITIONS YOU HAVE _____

TELL US A LITTLE ABOUT YOURSELF

IS THIS YOUR FIRST SERVICE TRIP? _____

IF NOT, WHERE HAVE YOU TRAVELED TO BEFORE? _____

AGREEMENT

1. I agree that the information provided on this application is accurate to the best of my knowledge.
2. I understand that **no alcohol or tobacco products** are allowed at any time on this service trip.
3. No personal outings will be allowed during the service trip dates.
4. I understand this service trip is provided by **Global Village Ministries/African Springs Safaris**
5. Payments not in when due could jeopardize my opportunity to go on this service trip.
6. \$100 is due with each application and will be returned **only** if the trip is full or cancelled.
7. I understand that all money sent in, is otherwise **non-refundable** including optional trip funds.
8. I understand that **Global Village Ministries/African Springs Safaris** cannot be held liable for any theft injury, accident, loss or sickness occurring during this trip.
9. If for any reason, I cancel 31 days or more prior to the service trip ALL funds not already used will be held for my use for the next TWO service trips except for \$100. After that they will be used as needed by Global Village Ministries/African Springs Safaris. If I cancel 30 days or less before the start of the service trip, I will forfeit the **ENTIRE** amount including funds for the optional trip.
10. I understand that the funds for the optional trip are not tax-deductible

Signature of Applicant _____
Or Legal Guardian _____ Date ____/____/____

SCAN to email or mail the application and copy of your passport.

If you are a PHYSICIAN or DENTIST, please INCLUDE additional documents or order for us to obtain your license in Kenya: a) Copy of your medical/dental license/certificate(s) b) Copy of your diploma c) Resume/CV that includes your current and past work and education d) 1 passport picture e) police clearance letter

If you are a PHYSICIANS ASSISTANT or NURSE: send a copy of your certificate/license

Global Village Ministires
8712 N Ridge Ave, Berrien Springs MI 49103
E-Mail: theolmalaika@gmail.com

WRITE CHECK(S) TO: GLOBAL VILLAGE MINISTRIES