

# ~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. Email: [globalvillageministriesKE@gmail.com](mailto:globalvillageministriesKE@gmail.com)**

**If you are a PHYSICIAN or DENTIST, please INCLUDE additional documents or order for us to obtain your license in Kenya:** (A) Copy of passport (B) Passport Picture (C) Certified copies of academics and certificates (D) Evidence of passing councils pre- registration examination/peer review certificate (E) Certificate/License to Practice (F) Certificate of Good Conduct - Police Report (G) Resume / CV

**These all need to be in English**

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

**Global Village Ministries  
8712 N Ridge Ave, Berrien Springs MI 49103**

**WRITE CHECK(S) TO: GLOBAL VILLAGE MINISTRIES**