

**~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

**WHICH TRIP(S) ARE YOU INTERESTED IN?**

- |  |   |   |    |                                 |
|--|---|---|----|---------------------------------|
| <input type="checkbox"/> Feb 27 – March 12, 2019   | <input type="checkbox"/> March 12 -16, 2019 | <input type="checkbox"/> Optional Trip to Mt Kenya  | or | <input type="checkbox"/> Safari |
| <input type="checkbox"/> June 26 – July 9, 2019    | <input type="checkbox"/> July 9 - 13, 2019  | <input type="checkbox"/> Optional Trip to Mt Kenya  | or | <input type="checkbox"/> Safari |
| <input type="checkbox"/> Oct. 9 – October 22, 2019 | <input type="checkbox"/> Oct 22 – 27, 2019  | <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 MISSION 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 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

**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: [letmeshine4him@yahoo.com](mailto:letmeshine4him@yahoo.com)**

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