



**Trip Application**

Destination: Yaw Tenkorang, Abetifi Region, Ghana, Africa

Date of Trip: \_\_\_\_\_

Mission trips are wonderful opportunities to serve and for self-reflection and growth. However, they can also be stressful as participants may be placed in emotionally charged situations and live in close quarters during the entirety of the trip. Adopt One Village, Inc. reserves the right to deny participation on any of its trips for any reason to ensure the safety of participants and the effectiveness of the mission of any particular trip. You may be denied participation on one trip and asked to reapply for participation on a later trip for any number of reasons including but not limited to: emotional maturity, particularized needs, special skills or the availability of space on a particular trip.

Additionally, no one will be allowed to participate on the trip without the signing of medical, liability, and media releases.

**Personal Information**

Full Name (as appears on driver's license or passport): \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender: M / F

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number (Home): \_\_\_\_\_ Phone Number (Cell): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

List the family members (including relationship) that are traveling with you on this trip, if any?

\_\_\_\_\_

Name of Responsible Guardian if participant is under 18: \_\_\_\_\_

**Passport Information**

Do you have a passport? Y / N

Passport Number \_\_\_\_\_ Expires (M/D/Y) \_\_\_\_\_

Are you a U.S. citizen? Y / N

If not, of what country are you a citizen? \_\_\_\_\_

If not, does your visa allow multiple entries into the U.S.? Y / N

**Medical Background**

Describe your health: Excellent / Good / Fair / Poor

Allergies: \_\_\_\_\_



Physical limitations: \_\_\_\_\_

Medical conditions: \_\_\_\_\_

Medications currently using: \_\_\_\_\_

Have you been hospitalize/institutionalize for mental or emotional issues in the past 6 months? Y/N

If so, please provide a written release from your psychiatrist/psychologist as well as your treating physician at the hospital or institution where you were treated verifying your mental and emotional fitness for participation in an overseas mission trip.

**Experience & Skills**

Occupation: \_\_\_\_\_ Languages spoken besides English: \_\_\_\_\_

Medical training (if applicable): \_\_\_\_\_

Please list previous mission experience (if applicable): \_\_\_\_\_

Please list talents and/or special gifts (i.e. music, construction, etc): \_\_\_\_\_

Please list previous or current professional experience (if applicable): \_\_\_\_\_

**Expectations & Motivations – To Serve, To Give, To Love**

What motivated or inspired you to be a part of this mission trip? \_\_\_\_\_

What concerns and or reservations, if any, do you have about this trip? \_\_\_\_\_

What expectations do you have for this trip? \_\_\_\_\_

**Signature**

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Responsible Party \_\_\_\_\_ Date: \_\_\_\_\_

(if applicant is under the age of 18)





## Medical Waiver

On behalf of myself, I authorize Adopt One Village, Inc., to:

- Release any and all other medical information or records to any party deemed necessary by Adopt One Village, Inc., its agents, servants, employees;
- Assign for the providing of medical treatment to me or to members of the group;
- To insure my proper placement such a group.

I hereby release and agree to indemnify Adopt One Village, Inc., its agents, officers, servants, employees, volunteers, and assigns for any and all damages, liability or costs results from the authorizing of medical treatment on my behalf under to terms of this consent. I further hold Adopt One Village, Inc. harmless from any and all costs, damages or expenses incurred by Adopt One Village, Inc., its agents, officers, servants, volunteers, or employees as a result of any claim or action filed by any party alleging damages incurred as a result of any medical treatment provided or authorization for treatment provided. I am aware that serious illness or injury may occur on a trip and that such illness and injury may result in myself incurring costs, expenses, and damages for which I am solely responsible including, but not limited to, return of myself by air ambulance or other extraordinary means. I also hereby release Adopt One Village, Inc., its officers, agents, servants, drivers, employees, and volunteers from any financial responsibility because of sickness or injury of the participant while going to, returning from, or attending activities.

Dated \_\_\_\_\_, year of \_\_\_\_\_

\_\_\_\_\_  
Signature of Participant                      Date

\_\_\_\_\_  
Signature of Parent/Guardian              Date  
(needed if participant is a minor – under 18)





## Emergency Contact Information

### Designated Emergency Information

Name of Traveler \_\_\_\_\_

In case of an emergency, please indicate the person we should notify. Please indicate below the individual's name, address, and their relationship to you:

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Alternative Phone (\_\_\_\_) \_\_\_\_\_

Cellular       Pager       Office       Other

Relationship to you \_\_\_\_\_

\_\_\_\_\_  
Signature of Participant      Date

\_\_\_\_\_  
Signature of Parent/Guardian      Date  
(needed if participant is a minor – under 18)