



## APPLICATION SERVICE TRIP TO KENYA

### NAME EXACTLY AS IT APPEARS ON YOUR PASSPORT

SURNAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_

PREFERRED NAME \_\_\_\_\_ BIRTH DATE Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_\_

### MAILING ADDRESS /CONTACT INFO

STREET ADDRESS/PO BOX \_\_\_\_\_ CITY/STATE \_\_\_\_\_

COUNTRY \_\_\_\_\_ ZIP CODE (POSTAL CODE) \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ @ \_\_\_\_\_ PHONE: \_\_\_\_\_

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/PO BOX \_\_\_\_\_ CITY/STATE \_\_\_\_\_

COUNTRY \_\_\_\_\_ ZIP CODE (POSTAL CODE) \_\_\_\_\_

EMAIL \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_

### WORK/EDUCATION

PROFESSION: \_\_\_\_\_ CURRENT PLACE OF EMPLOYMENT \_\_\_\_\_

STUDENT: YES NO SCHOOL: \_\_\_\_\_

### POSSIBLE AREA(S) TO VOLUNTEER IN - MARK OPTIONS 1-7\_(1 BEING FIRST CHOICE & 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"/> April 8-19, 2021      | <input type="checkbox"/> April 19-23, 2021  | <input type="checkbox"/> Optional Trip to Mt Kenya or <input type="checkbox"/> Safari |
| <input type="checkbox"/> July 15 - 26, 2021    | <input type="checkbox"/> July 26 - 30, 2021 | <input type="checkbox"/> Optional Trip to Mt Kenya or <input type="checkbox"/> Safari |
| <input type="checkbox"/> November 4 – 15, 2021 | <input type="checkbox"/> Nov 15 - 19, 2021  | <input type="checkbox"/> Optional Trip to the Coast                                   |

**PERSONAL INFORMATION**

ANY SPECIAL DIETARY NEEDS? \_\_\_\_\_

LIST ALLERGIES \_\_\_\_\_

ANY MEDICAL CONDITIONS? \_\_\_\_\_

**A LITTLE ABOUT YOURSELF**

\_\_\_\_\_  
\_\_\_\_\_

**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, recreational drugs or tobacco products** are allowed 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/The Olmalaika Trust** cannot be held liable for any theft, injury, accident, loss, or sickness occurring during this trip.
9. If for any reason, I cancel 46 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 by Global Village Ministries as needed. If I cancel 45 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 / 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

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

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