



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"/> February 15 – 21, 2022 | <input type="checkbox"/> April 21-25, 2022 | <input type="checkbox"/> Optional Trip to Mt Kenya or <input type="checkbox"/> Safari |
| <input type="checkbox"/> July 7 - 18, 2022 | <input type="checkbox"/> July 18 - 22, 2022 | <input type="checkbox"/> Optional Trip to Mt Kenya or <input type="checkbox"/> Safari |
| <input type="checkbox"/> October 6 - 17, 2022 | <input type="checkbox"/> Oct 17 – 22, 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

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 PHYSICIAN’S 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