Application Form

Trip Date (month) & Destination (country):_______________________________________

Personal Information

Please print your ***full*** *legal name as it appears on your passport for airline ticket purposes*

First name ____________________ Middle _______________ Last ________________________

Nickname ____________ ☐ Male ☐ Female Date of birth: ____/____/_____ Age: ____

Mailing address: ____

City: ____ State: _______ Zip: ______________

Employer/position: ____

Email: _________________________ Home phone: (____)_________ Cell phone: (____)_________

Marital status: ☐ Single ☐ Married If married, spouse's name _____________________

Passport Number: ___________________________ Place of issue (country): ______________

Date of issue: _______________________ Date of Expiration: _______________________

Do you have a criminal record? Yes or No T-shirt size: S M L XL 2XL 3XL

Personal References

Please list 3 adult references that FFCC can contact in regards to your participation on this trip. *Please list name, phone number and relationship to reference.*

a) ____

b) ____

c) ____

General Information

Is this your first international trip? ☐Yes ☐No

If no, where did you travel and what was the purpose. ____________________________________

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____

Are you fluent / conversational in languages other than English? No ___ Yes, in _________________

In what ways are you involved with local community outreach opportunities? ____________________

____

Describe your skills, talents or areas of giftedness that you bring to the team (i.e. teaching, cooking, construction, drama, sewing, etc.)?

____

____

General Health

Medical History – Are you currently under the care of a physician for any ongoing condition? Please list and explain. ____
____
____
____

Please list any illnesses, other than those listed above, for which you have seen a physician or other health care provider in the last year:

Illness Date Treatment

Medication - Please list all medications (name and dosage) you are currently taking. Please include medications taken on a regular basis as well as those taken for occasional illnesses such as migraines, indigestion, allergies, etc. ☐ None

______________________________________ ______________________________________
______________________________________ ______________________________________
______________________________________ ______________________________________

Allergies - Specify any allergies to medications, foods, etc. and describe reactions. ☐ None

______________________________________ ______________________________________
______________________________________ ______________________________________

Diet - Explain any special dietary needs: _____________________________________ ☐ None

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Condition - Is there any reason why you cannot tolerate any of the following?

____ Rigorous Outdoor Activity ____ High Altitudes ____ High Humidity
____ High Temperatures ____ Low Temperatures ____ Other

Please explain: ____

Emergency Contact (NOT a team member): _____________________ Relationship: ____________

Home phone: (____) ___________ Cell phone: (____) ___________ Work phone: (____) ___________

Alternate emergency contact :___________________________ Relationship: _______________

Home phone: (___) _____________ Cell phone: (_____)______________________

Insurance Policy Beneficiary (for supplemental medical insurance policy)

Name: ____ Relationship: ______________________

Authorization

The information I have given is accurate and true to the best of my knowledge. I also give the right to FFCC to use my picture, voice and/or testimony in any form of promotional advertising materials. My enclosed signature *(and signature of my parent/legal guardian if I am under the age of 18)* signifies authorization.

Signature: ____ Date: ____/____/_____

Signature of Legal Guardian *(if under 18):*____________________________ Date: ____/____/_____