Journey of Understanding Application

Personal Information

Name—first, middle, last (as written in passport):

_____ Sex: _____ Birthdate: _____ Age: _____

Address: _____

City:_____ State:_____ Zip Code: _____

Telephone: _____ Email: _____

Occupation: _____ Birthplace: _____

Marital status: _____ Passport #: _____

Passport expiration date: _____ (Note: Your passport needs to be valid for six months after the return date of the trip. If it is not, you must renew it before departure.)

In case of emergency, contact:

Name: _____Relationship:_____

Address: _____

Home phone: _____ Other phone: _____

Please list any allergies, physical handicaps, medication you are taking, special dietary restrictions or medical conditions we should be aware of: _____

_____

Have you ever been treated for drug or alcohol abuse? _____ If so, when and what was the result? _____

Do you have (now or in the past) any emotional or psychological problems that could affect you on this trip? Please describe:_____

_____

Supplemental Questions

What skills or experience (occupational, ministry, musical, dramatic, photographic, speaking, etc.) do you have that might be useful cross-culturally? (If medical, please list areas of specialty.) _____

_____

_____

_____

Have you ever traveled or lived in a foreign country? If so, please describe: _____

_____

Do you speak a language other than English? If so, how well? _____

_____

I understand that this Journey of Understanding is a group activity and by signing here I agree that I will abide by the team leaders' policies and decisions. I understand that I will be traveling through religiously, culturally, and security sensitive areas, so I will guard my words and actions, especially when warned by a team leader. I agree to lay down my perceived rights as needed so as not to offend those who observe my actions.

_____ _____

Signature Date

Please complete application and medical/liability release and mail to:

Hope Ventures International
158 Roadrunner Avenue
New Braunfels, TX 78130

For questions please email: **info@hopeventuresinternational.com**

Journey of Understanding

Liability / Medical Release

I hereby release, acquit, and discharge Hope Ventures International and its employees, agents, and authorized representatives from all damages, injuries, claims, demands, or causes of action I or any family member, my heirs, executors, administrators, or assigns may have arising out of this Journey of Understanding to:

(Location) _____ (Dates) _____

Additionally, I authorize Hope Ventures International and its employees, agents, and authorized representatives to consent to any emergency medical treatment to be rendered to the participant named below should that be deemed necessary. I assume responsibility for any and all costs for such emergency medical treatment not covered by trip insurance. Payment to and responsibility by Hope Ventures International will extend to the established trip itinerary only. If I extend my travel plans or deviate in any way from the established trip itinerary (including lost documents) I assume any and all costs and any and all liability for that portion of the trip. No refund will be issued by Hope Ventures International.

_____ _____

Participant's Signature Participant's Name (printed)

Complete this section if the participant is a minor

I grant permission for my child (name) _____, age _____, who was born in (city, state) _____ on (date of birth) _____ to travel in company with Hope Ventures International, its employees and/or authorized representatives on the Journey of Understanding described above.

_____ _____

Mother's signature* Father's signature*

***Both parents' signatures required unless arranged with Hope Ventures International.**

Please note: This form must be notarized before returning.

County of _____

State of _____

Sworn to and subscribed before me this _____ day of _____, 20 _____.

Signed (Notary Public): _____