



**TEAM APPLICATION FORM**

**Trip Dates:**

**Trip Location:**

\_\_\_\_\_

**I. GENERAL INFORMATION** *(Please list name as printed in your passport)*

Full Name: \_\_\_\_\_

Name you prefer to be known by: \_\_\_\_\_

Date of birth (dd/mm/yyyy): \_\_\_\_\_ Male  Female

Permanent Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Skype: \_\_\_\_\_

*Emergency Contact (in your home country)*

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

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

Permanent Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**II. PASSPORT DETAILS\***

Nationality/Citizenship: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Place of issue: \_\_\_\_\_

Valid from (dd/mm/yyyy): \_\_\_\_\_ Valid Until (dd/mm/yyyy): \_\_\_\_\_

\*Depending upon your citizenship, you may be required to obtain a visa prior to travel.

**III. PERSONAL INFORMATION**

1. Briefly describe your personal relationship with Christ.

2. Have you previously participated in short-term missions or other similar trips?

Yes  Sponsored by:

No

If yes, briefly describe the type of mission trip, where you went, and what you learned.

3. Briefly explain why you would like to participate in the short-term mission trip and what are some of your key expectations concerning the trip.

### III. WORK AND OTHER EXPERIENCE

1. Where are you employed? \_\_\_\_\_

Your position: \_\_\_\_\_

Length of employment \_\_\_\_\_

2. List and briefly describe your current and prior commitments to social justice or service to the poor and vulnerable.

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3. Please describe any international or intercultural experience that you have had:

<b>When (approximate beginning and ending dates)</b>	<b>Where</b>	<b>Purpose</b>
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### IV. LANGUAGE SKILLS

1. Please indicate your ability to speak the following languages:

**English**

none       Average       Good       Fluent       Native Speaker

**Spanish**

none       Average       Good       Fluent       Native Speaker

**Other (please specify):** \_\_\_\_\_

none       Average       Good       Fluent       Native Speaker

## **V. SKILLS AND HOBBIES**

1. What hobbies and/or sports do you enjoy? What skills and gifts do you have related to these?
2. What musical, drama or creative gifts/training do you have? If so, how have you used them?
3. Do you have specialized training or any other practical skills/training/interests?

## **VI. HEALTH AND OTHER BACKGROUND**

1. List all medical problems for which you have received medical care in the past 12 months.
2. Please list any allergies (including food allergies), breathing problems, and chronic conditions of which team leaders should be aware:
3. Do you have any condition that might affect your ability to fully function on this trip? (i.e. fear of flying, depression, anxiety, sleeping disorders, motion sickness, etc.)  
 Yes  No Please describe the condition and how it may affect you on this trip:
4. Have you ever had any psychiatric care or treatment?  Yes  No  
If your answer is affirmative, please give more details on a separate sheet.

5. List any history of major illnesses and/or surgeries, as well as any prescription drugs (and their generic names) that you are now taking:

6. Have you ever been involved in any of the following?

- alcoholism                       drug addiction                       criminal activity  
 current use of tobacco products                       A cult or the occult

If your answer is affirmative, please give more details on a separate sheet.

7. How would you describe your overall health and fitness?

- Excellent     Good                       Average

8. Are you a vegetarian?  Yes  No Comment:

9. Does your health insurance cover you overseas?  Yes  No

***(Participants are required to carry insurance (health, travel or other) that will cover any medical and other emergency needs that may arise during the trip.)***

## VII. SELF EVALUATION

Please rate yourself in the following categories:

Willingness to serve

- Very weak     Weak                       Average                       Good                       Excellent

Team Player

- Very weak     Weak                       Average                       Good                       Excellent

Flexibility and adaptability to new cultures and situations

- Very weak     Weak                       Average                       Good                       Excellent

What are your strengths?

What are your weaknesses?

## VII. PAZ Y ESPERANZA/PEACE AND HOPE INTERNATIONAL

1. How did you hear of Paz y Esperanza and what do you like about the program?

2. How do you envision serving on this trip?

3. What do you hope to learn and gain through your experience with Paz y Esperanza?  
How could this affect your future?

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Any additional comments:

## VII. EMERGENCY INFORMATION AND LIABILITY WAIVERS

**1. Please list two emergency contacts:**

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

Address/City/State/Zip: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Alternative Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

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

Address/City/State/Zip: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Alternative Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

**2. Insurance**

Peace and Hope International and Paz y Esperanza do not carry insurance coverage for mission trip participants. Participants must either verify that they are covered for travel within the country to which you are traveling, or purchase short-term coverage for the time that you are with a Peace and Hope International/Paz y Esperanza sponsored trip. Proof of personal insurance coverage is required for participants.

Please note that regardless of the type of insurance you have, you may be required to pay for services at the time they are rendered and subsequently file a claim with your insurance company for reimbursement.

**Insurance Verification**

This is to certify that \_\_\_\_\_ insurance company will cover \_\_\_\_\_ while in the country of Peru during the dates of \_\_\_\_\_ through \_\_\_\_\_ Policy \_\_\_\_\_, group \_\_\_\_\_

Emergency Claims telephone number:

In the US \_\_\_\_\_ When overseas \_\_\_\_\_

**3. Agreement and Waivers**

I hereby affirm that the information provided on this application is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify my application.

I authorize persons, schools (if applicable), my current employer, previous employers and organizations named in the application to provide any information that may be requested by Peace and Hope International in connection with my application, and release all parties from all liability for any damage that may result from furnishing information.

I give my permission for Peace and Hope International and Paz y Esperanza to use photos and other images and recordings taken of me during my participation in Peace and Hope International and Paz y Esperanza activities for newsletters and other informative, educational and promotional materials.

I understand that I am expected to conduct myself following the example of Jesus Christ. Part of this conduct means that participants will not engage in drinking alcohol or dancing (unless it is part of the scheduled activities). No participant shall engage in smoking or chewing tobacco or other products. No participant shall take illicit drugs, become inebriated, or engage in other illicit or sinful activities.

In being accepted and allowed to participate in Peace and Hope International and Paz y Esperanza activities associated with its programs and activities, I assume responsibility for my actions. I release Peace and Hope International and Paz y Esperanza, its Trustees, Employees, Staff, Missionaries, and Agents from liability, loss, injury, or damage to my property of myself. Nothing contained herein shall excuse Peace and Hope International or Paz y Esperanza, its employees, missionaries, or agents from responsibility to act with reasonable care for my safety or the safety of my property. I hereby release Peace and Hope International and Paz y Esperanza, its Staff, Trustees, Employees, Missionaries, Agents, and Sponsors of this activity from responsibility and liability for any injury or illness that I may sustain during this activity. In the event of an emergency, I am unable to consent or refuse, and my emergency contact is not immediately available, I hereby authorize an adult leader of this activity, as my agent, to consent on my behalf to medical treatment. In this regard, I consent to allow said adult to authorize medical, dental, or surgical diagnosis, X-ray examination, and treatment including surgery and hospital care for me if needed and if advised and supervised by a licensed physician, surgeon, or dentist.

In the event of my death I understand that the country I am in may not allow my body to be shipped home. I understand that there is always an element of risk involved in traveling and visiting other countries.

I understand that I am responsible for any costs related to any of the above matters.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**THANK YOU!**

**Please note:** Your application is not complete until this application form and a signed waiver have been submitted to Paz y Esperanza/Peace and Hope International.

Please send this form back to [info@andemos.net](mailto:info@andemos.net)