



Please fill out this form **COMPLETELY**, even if you've been on a trip with us before. We would like to keep all of our information current. Thank you.

.....

PERSONAL INFORMATION

Full Name (as you want to be called):

Gender: ☐ Male ☐ Female Birth Date: Age:

Mailing Address:

.....

Home Phone: () Cell Phone: ()

Email:

Employer: Position/Title:

Do you have a passport? ☐ Yes ☐ No Name as it appears on passport:

Passport Number: Country of Issue: Expiration date:

Emergency Contact Name: Relationship:

Emergency Contact Home Phone: () Cell/Work Phone: ()

Emergency Contact Email:

Spouse Name:

Children(s) Name(s) and age(s):

I am interested in traveling to Uganda in ☐ February ☐ May ☐ August ☐ October

Team T-shirt ☐ Men's Crew Neck T-shirt ☐ Ladies Scoop Neck T-shirt

☐ Small ☐ Medium ☐ Large ☐ X-Large ☐ Youth Size _____

SKILLS/EXPERIENCE

Have you ever done humanitarian, volunteer, mission work? Tell us briefly about your experience:

.....

.....

.....

Have you ever traveled over-seas? ☐ Yes ☐ No

Have you ever raised money to do humanitarian work? ☐ Yes ☐ No

Ways you may be able to serve on our trip:

☐ Children's Services

☐ Musical Instrument/Singing

☐ Teaching

☐ Public Speaking

☐ Construction/Repair Work

☐ Medical Training

☐ Business Development

☐ Photography/Videography

Other:

Tell us a little about your strengths/skills and why you would like to join us on this trip?

.....

.....

.....

MEDICAL TRAINING/SKILLS (IF APPLICABLE)

Please describe your training or experience:.....

.....

.....

REFERENCES

Please provide us with one personal reference and one professional reference. Please be sure to include their email address, as we will be emailing them a reference form to fill out.

PERSONAL REFERENCE

Full Name:

Mailing Address:.....

Phone Number: ()..... Email:

Relationship:.....

PROFESSIONAL REFERENCE

Full Name:

Mailing Address:.....

Phone Number: ()..... Email:

Relationship:.....

MEDICAL RELEASE

Every effort will be made to make this trip as safe as possible. However, some portions of this trip will be physically strenuous. Travelers are required to carry their own luggage. Rest rooms are not always readily accessible and may be primitive at times. Portions of the trip may require considerable amounts of walking. The weather in Uganda can be very hot and humid and can affect your overall strength and energy. Travelers will be eating food native to the culture, which may affect your digestive system. Please be aware that medical facilities in Uganda are limited and may not be comparable to what is available in the United States. If needed, we may require a letter from your physician.

LIMITATIONS

Please list any physical or medical limitations that may affect your ability to perform?.....

.....

Do you have any existing medical conditions that could require extensive medical treatments?

.....

Have you had any surgery, major health problems (physical/mental/emotional) or been under a physician's care within the past 3-5 years?

.....

MEDICATIONS

Please list ALL prescription and non-prescription medications your are currently taking (including dosage):

.....

Do you have allergies to any medications?

.....

ADDITIONAL INFORMATION

Do you have special food requirements or food allergies?

.....

Do you have any other allergies (e.g. bee stings, etc.)?

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TEAM PARTICIPATION AND TRAVEL AGREEMENT

While we make every possible effort to have your trip run smoothly, the nature of traveling to/from and within Uganda can present challenges. Circumstances may change without notice or explanation.

- I agree to work with the team as a whole and work cooperatively with each individual on the team. I also agree to respectfully follow all directions from the team leadership.
- I understand that I am responsible for the full cost of the trip before departure to Uganda. In the event that my fundraising goal is not met, I agree to personally pay any remaining balance before departure.
- In the event that I exceed my fundraising goal, excess funds will be transferred to the general fund and applied toward the expenses of the trip and team at the Director's discretion.
- If I fall short of my fundraising goal or am unable to participate in the trip, the money raised for my expenses will be transferred to the general fund and applied toward the expenses of the trip and team at the Director's discretion.
- In the event of a personal emergency that requires a change in my travel itinerary, I understand that it is my responsibility to pay any additional costs/fees associated with this change.
- The information on this form and all attached forms is accurate to the best of my knowledge.

Applicant Signature:..... Date:

Parent/Legal Guardian Name (please print):.....
(Applicants under 18yrs)

Signature of Parent/guardian:

PLEASE MAIL APPLICATION BACK TO:

**Ugandan Water Project
2648 Rabbit Run
Bloomfield, NY 14469**

**(585) 752-5396 James Harrington, Director
info@ugandanwaterproject.com**

**(585) 314-4468 Michelle Chapman, Trip Coordinator
gotouganda@gmail.com**