



CHILDREN'S HOPECHEST

Confidence to fly and a safe place to land

Short-Term Application

**Instructions: Please fill out this form completely and legibly.
There should be no blank lines. If an item doesn't apply to you, write "N/A".
Please return application to: Children's HopeChest, Attn. Travel Department**

Last Name: (as it appears on your passport) _____

First and Middle Name: (as on your passport) _____

Name you go by: (first and last) _____

Passport Number: _____

Date of Issuance: Day____ Month____ Year____ Expiration Date: Day____ Month____ Year ____

Date of Birth: Day____ Month____ Year____ Place of Birth: _____

City: _____ State _____

Current Nationality: _____ Previous Nationality: _____

Previous Names / Aliases: (including maiden name) _____

Spouse's Full Name: _____

Complete Home Address: (city, state, zip)

Home Phone: (_____) _____ Work or School Phone: (_____) _____

Profession: _____ Position: _____

Place of Employment or School: _____

Complete Work or School Address: (complete street, city, state, zip)

Fax Number: (_____) _____ E-mail Address: _____

Name and phone number of Emergency Contact (remaining in the U.S.):

Church Affiliation _____
Pastor's Name _____ Pastor' Phone Number _____
Previous Overseas Travel, Places and Purpose of Visit

Are you willing to work as a member of a team, having a flexible attitude setting aside your own personal agenda for the betterment of the team?
 Yes No

Are you willing to submit to the authority of the Team Leader, willingly following instructions?
Yes No

Are you willing to be a representative of Christ and Children's HopeChest during your time overseas? Yes No

Are you willing to submerge yourself in the local culture as much as possible and to refrain from expressing (whether by work, implication or action) criticism of the local way of doing things?
 Yes No

Do you believe you can willingly adapt to different/difficult living conditions (i.e.: Different language, food, culture, and bathroom facilities)? Yes No

General Health: _____

Have you had a physical within the last year? Yes No

Are you planning on getting the recommended vaccinations HopeChest has listed? Yes No
If not, why?

Do you have any pre-existing medical conditions? Yes No
Explain:

(Depending on your condition, HopeChest will require a medical release from your doctor to go on this trip.)

What medications are you currently taking or will be taking at the time of this trip?

Are there any special food diets that we should be aware of? Yes No
Explain

Please list any physical limitation that may prevent you from participating in certain activities overseas: _____

Have you ever been convicted of a crime? (Other than a minor traffic violation) Yes No
If yes, please explain.

Please list at least 3 references, phone numbers and how long you have known them below.
(Do not include family members)

- 1) _____
- 2) _____
- 3) _____

Please note that this application does not insure a spot on a team. Your application will be reviewed by Children's HopeChest as well as Trip Leaders. Once determinations are made, you will be contacted by Children's HopeChest.

Personal Covenant

Understanding that service is a way of demonstrating my faith. I promise to abide by this covenant.

I agree to share my faith in a respectful Christian manner.

I agree to co-operate at all times with the leader and others in the group concerning our work and life together, including daily work, food, lodging, transportation and I agree to stay with the group when expected to do so. I agree to abstain from habits that may offend others and to be aware that my behavior represents my Christian faith.

I understand that group cooperation is essential to the success of the mission and I take full responsibility for being a part of team meetings and devotions.

I agree that I am under the authority of the team leader and the HopeChest staff for my own protection and that of the team.

Signature _____
Date _____

Kidnapping and Hostage Taking of Children's HopeChest Employees and Volunteers

International acts of terrorism, violence and kidnapping are a tragic part of current reality. As Children's HopeChest grows and touches the lives of more people in a variety of countries, it is always possible that Children's HopeChest employees or volunteers may be affected.

We recognize the difficult decisions involved when hostages are taken; however, we believe that governments, organizations, and individuals have a common interest in not giving in to terrorist demands. We strongly believe that concessions, whenever they are made, only encourage further attacks and put additional people at risk. Children's HopeChest is prepared to use every legitimate means to secure the release of any of our employees or volunteers being held hostage.

The following form is a bit daunting but we have been advised to have all foreign travelers sign it. Let us begin by saying that we have never felt that we were in any danger of terrorist acts or that anyone traveling with us has ever been at any risk of being kidnapped. When traveling internationally, everyone needs to acknowledge that anything is possible, however unlikely. The purpose of the attached policy statement is not to scare you but to establish how Children's HopeChest would deal with acts of terrorism involving its employees or volunteers. Please read, sign and return the following, confirming your understanding of this policy.

Please initial here that you have read this page:

Continued on next page

Employee / Volunteer Agreement

Children's HopeChest will make no concessions to terrorists. We will not negotiate for the payment of ransom for the release of hostages or prisoners. Children's HopeChest will cooperate with the appropriate governmental agencies to insure that all perpetrators of violent acts against its employees / volunteers are brought to justice. All persons in Children's HopeChest who are / or potentially will be in areas of the world where this is a risk shall sign a document which affirms they have read and understood this policy.

Release and Hold Harmless Agreement And Beneficiary Designation

I wish to participate in a Children's HopeChest short-term trip as specified in this application. In consideration of acceptance for this trip, I, being of legal age, do hereby authorize any necessary medical and/or dental treatment on my behalf/ on behalf of my minor child _____ should I be unable to give such consent. This consent includes reasonable medical and/or dental treatment including but not limited to diagnostic tests, x-rays examinations, anesthesia, or other procedures which may be deemed necessary to my medical well-being / the medical well-being of my minor child for the duration of the trip.

I hereby voluntarily release and hold harmless Children's HopeChest, its officers, agents, and employees, acting officially or otherwise, from all manner of suits, actions, claims, demands, and liabilities which may arise from my participation / the participation of my minor child in this trip. I authorize the designated leader of the trip to arrange for my / my minor child's premature return home should this be deemed necessary. I understand that this will be at my own expense should the reason be, as concluded by the leader, my / my minor child's inability to work together with the team in an appropriate manner.

I recognize that conditions in some of the places to which I / my minor child will travel may not be of the same standard as the conditions to which I am accustomed (i.e., political governments and judicial systems). I further realize that there may be certain health and detainment risks as well as other known and unknown risks to me / my child and I enter / allow my minor child to enter into participation in this trip with knowledge of this.

I understand that this document constitutes a full and complete waiver of all possible claims, including claims of negligence in personal injury or property loss and / or damage, arising out of my participation / the participation of my minor child in this trip. By executing this agreement, I acknowledge that I have read and accept its terms.

I agree that the information provided is true to the best of my knowledge and I understand that by submitting my application I am not insured a spot on a team.

I have read the Kidnapping and Hostage Taking of Children's HopeChest Employees and Volunteers section of this application, and fully understand that in the event that I am held as hostage or a victim of kidnapping, Children's HopeChest will use every legitimate means to secure my release but will not make any concessions nor negotiate payment of ransom for my release.

Signature of Traveler _____ Date _____
(Parent's Signature if under 18)

Witness _____ Date _____

As a contract or volunteer worker of Children's HopeChest, we are required to have on record the name and address of your designated beneficiary. This is the person to whom life insurance benefits would be paid in the unlikely event you die while serving with Children's HopeChest. Please indicate name, address and the relationship of your beneficiary below:

Printed Beneficiary Name: _____ Relationship: _____

Address: _____ Phone: _____

Your Signature _____ Date _____