



Peace House Academy Group Member Volunteer Application

Contact Information	
Group Name	
Full Name (as appears on passport)	
Date of Birth (MM/DD/YY)	
Street Address	
City/State/Zip Code	
Phone Numbers (provide two)	<input type="checkbox"/> H <input type="checkbox"/> H <input type="checkbox"/> W <input type="checkbox"/> W <input type="checkbox"/> C <input type="checkbox"/> C
E-Mail Address	

Personal Information	
Please list any languages you speak, other than English, and level of fluency	
What contact information will you allow us to include on a list given to all the participants of this trip prior to departure?	<input type="checkbox"/> address <input type="checkbox"/> home phone number <input type="checkbox"/> e-mail address <input type="checkbox"/> work phone number <input type="checkbox"/> cell phone number
Please list name, telephone number, e-mail address, and relationship for two personal (non-family) references	1. 2.

Basic Health Information	
Note: Trips prepared by PHF will require that all participants be physically and emotionally able to endure potentially difficult, strenuous, and demanding conditions (including working at high altitudes). Volunteers often walk long distances over rough terrain and labor under the hot Tanzanian sun. Understanding this, do you feel that you are healthy enough to travel with us? If yes, please initial here: _____	
Do you have any dietary restrictions and/or allergies? If yes, please explain	
What is your blood type?	
Indicate medications you are currently taking (including over-the-counter drugs)	
Please list any medical conditions that will be important to know in case of emergency (such as heart disease, emphysema, diabetes, seizures, depression, injuries, recent surgery, etc)	
If the medical conditions listed require special arrangements, equipment, or assistance for you to participate in an active schedule, please indicate what those may be	

Emergency Contact Information (list 2)

Name and Relationship	
Street Address	
City/State/Zip Code	
Phone Numbers (provide two)	<input type="checkbox"/> H <input type="checkbox"/> W <input type="checkbox"/> C
E-Mail Address	

Name and Relationship	
Street Address	
City/State/Zip Code	
Phone Numbers (provide two)	<input type="checkbox"/> H <input type="checkbox"/> W <input type="checkbox"/> C
E-Mail Address	

Agreement and Signature

cash or check enclosed

\$100 application fee credit card: MasterCard Visa American Express Discover

Card number: _____ Expiration Date: _____

By signing below, you attest that you have read and understand the volunteer Policies and Procedures and that the information you have provided above is accurate to the best of your knowledge

Name (printed)

Signature

Date