

GLOBAL CONNECTION EXPERIENCE TRAVEL APPLICATION FORM

Applicant must be 18 years of age or older to apply, unless given special exception.

Only those selected for an interview will be contacted personally.

*Please sign and return with your completed application form. Keep a copy for your own records.
If approved, application process will be finalized once we have all necessary documents.*

A. PERSONAL INFORMATION (sections A – D to be completed in full by all applicants)

Full Name: _____ Title: (Mr./Mrs./Miss/Ms)
(exactly as it appears on your passport)

Preferred Name: _____
(if different from above)

Address: _____

City: _____ Prov: _____ PC: _____

Home phone: (____) _____ Cell: (____) _____

E-Mail: _____ Fax: (____) _____

Date of Birth (Mon) _____ (Day) _____ (Yr) _____

Gender: (required for accommodation) M ___ F ___

Passport # _____ (Please provide a photocopy of your
passport with your application)

Does your passport allow you to travel to the countries for which you are applying to
volunteer? Yes ___ No ___

Citizenship(s): _____

Do you have any restriction for traveling in the US, or any other country?
Yes ___ No ___ If Yes, please indicate which country:

If you are traveling with others (friends and/or family members) please list their name(s).
(They must complete their own application form):

B. MEDICAL INFORMATION

Do you have any health concerns that would need to be attended to while overseas?
Yes ___ No ___ If Yes, please explain: (please list current medications)

C. EMERGENCY CONTACT (someone not travelling with you)

Name: _____

Phone: (_____) _____ Relationship: _____

D. TRAVEL INSURANCE INFORMATION (this is required)

Name of provider: _____

Policy # _____

E. TELL US ABOUT YOU (the following sections, E – J, to be completed only by first time travelers with Bridges of Hope)

Where and when did you learn about Bridges of Hope:

Primary language: _____ Second Language: _____

Education: Check off as many as applicable:

- | | |
|--|---|
| <input type="checkbox"/> High School Diploma | <input type="checkbox"/> University - Masters |
| <input type="checkbox"/> College Diploma | <input type="checkbox"/> University - PHD |
| <input type="checkbox"/> University | <input type="checkbox"/> Undergraduate |

Other qualifications, certificates, training, background that might be beneficial to a trip:

In which countries other than Canada have you lived?

In which countries other than Canada have you traveled?

F. PROGRAM OF INTEREST

G. PERSONAL STATEMENT (attach a separate sheet of paper if needed):

Describe any instance where you have been associated with people and cultures other than your own. What do you feel are some of the challenges in living and working in another culture?

How do you deal with interpersonal tensions and differences? How do you react under stress and pressure?

List any volunteer experience you have had and the length of time you participated.

What skills/services can you offer to Bridges of Hope?

Any CIDA (Canadian International Development Agency) experience?

Bridges of Hope overseas volunteer program includes a significant educational component designed to provide an overview of empowerment in the lives of children, their families and their communities. After learning about this work and participating in it, we believe that volunteers will be motivated to return home to share the impact of child sponsorship and our projects with other Canadians as a passionate advocate.

Are you interested in becoming an advocate for the projects that Bridges of Hope serves?

Yes No

If yes, please describe how you see yourself engaging fellow Canadians in your role as an advocate.

Please describe any experience (formal / informal) that you have had in sharing or advocating on behalf of others (include one-to-one opportunities with friends, formal group presentations, as well as any opportunities that you have had to share with others something that is important to you. This may include speaking on behalf of a cause, placing posters or distributing literature on behalf of any organization.)

H. EMPLOYMENT:

I am employed:

- Full - Time
- Part - Time
- Self - employed
- Homemaker
- Unemployed
- Retired
- Student

I. OCCUPATION:

(e.g., Retail Sales, Teacher, Lawyer, Farmer, Homemaker, Student, etc...)

J. PERSONAL REFERENCES

Please list at least three people whom we may contact for character references (for example, employers, community workers, Priests, Pastors, rabbi, etc.). Please do not include family members as references.

1. Reference Name: _____ Position: _____
Address: _____

Phone: (_____) _____ E-mail: _____
Alternate Phone: (_____) _____ Relationship to you: _____

2. Reference Name: _____ Position: _____
Address: _____

Phone: (_____) _____ E-mail: _____
Alternate Phone: (_____) _____ Relationship to you: _____

3. Reference Name: _____ Position: _____
Address: _____

Phone: (_____) _____ E-mail: _____
Alternate Phone: (_____) _____ Relationship to you: _____

I, _____ verify that:
(name of applicant)

_____ I am willing and prepared to fundraise and/or cover my own travel expenses.

_____ I do not have a criminal record, and I have not committed or plan to/have planned any offences and/or acts of terrorism.

_____ I understand and agree that I will NOT hold Bridges of Hope, Bridges of Hope Directors, Agents, or assigned Agents liable or responsible for death, injury or disability that may result from my participation or association as a volunteer.

----- I understand and agree that all donations made to Bridges of Hope for *Global Connection Experience* projects are non – refundable, and I will receive a donation tax receipt for donations over \$25.

I hereby declare that the above information is true and complete to my knowledge.

Signature Date

K. FOR APPLICANTS UNDER 18 YEARS OF AGE ONLY:

I, _____, **give permission** for my child to go to _____ from _____, 20__ to _____, 20__ with Bridges of Hope.

In the event of a medical emergency, I declare that I am the child's parent or legal guardian and hereby authorize the Bridges of Hope designated team leaders, as agents for me, to consent to X- ray exams, and other medical, dental, or surgical diagnosis and treatment, advised and supervised by a physician, surgeon or dentist. This authorization extends to any emergency room treatment, and admission and treatment as an inpatient, considered necessary by the attending physician. I understand that, in the event of such an emergency, I will be contacted as soon as possible.

By signing below, I authorize medical treatment on my behalf.

Child's name: _____

Child's Alberta Health Services Number _____

Parent/Legal Guardian: _____

Signature: _____
(Legal guardian if child is under 18 years of age)

Date: _____

Emergency Phone No. _____

List any allergies, sensitivities to medications, and pre-existing medical conditions below.

If you have any questions, please contact us at: 1-877-460-6036

Mail application and all requested documents to:

Bridges of Hope
PO Box 81 Stn Main, Lethbridge, AB T1J 3Y3

or, drop off at:
2825 F – 2 Ave South Lethbridge, AB

or, email to:
info@bridgesofhope.ca