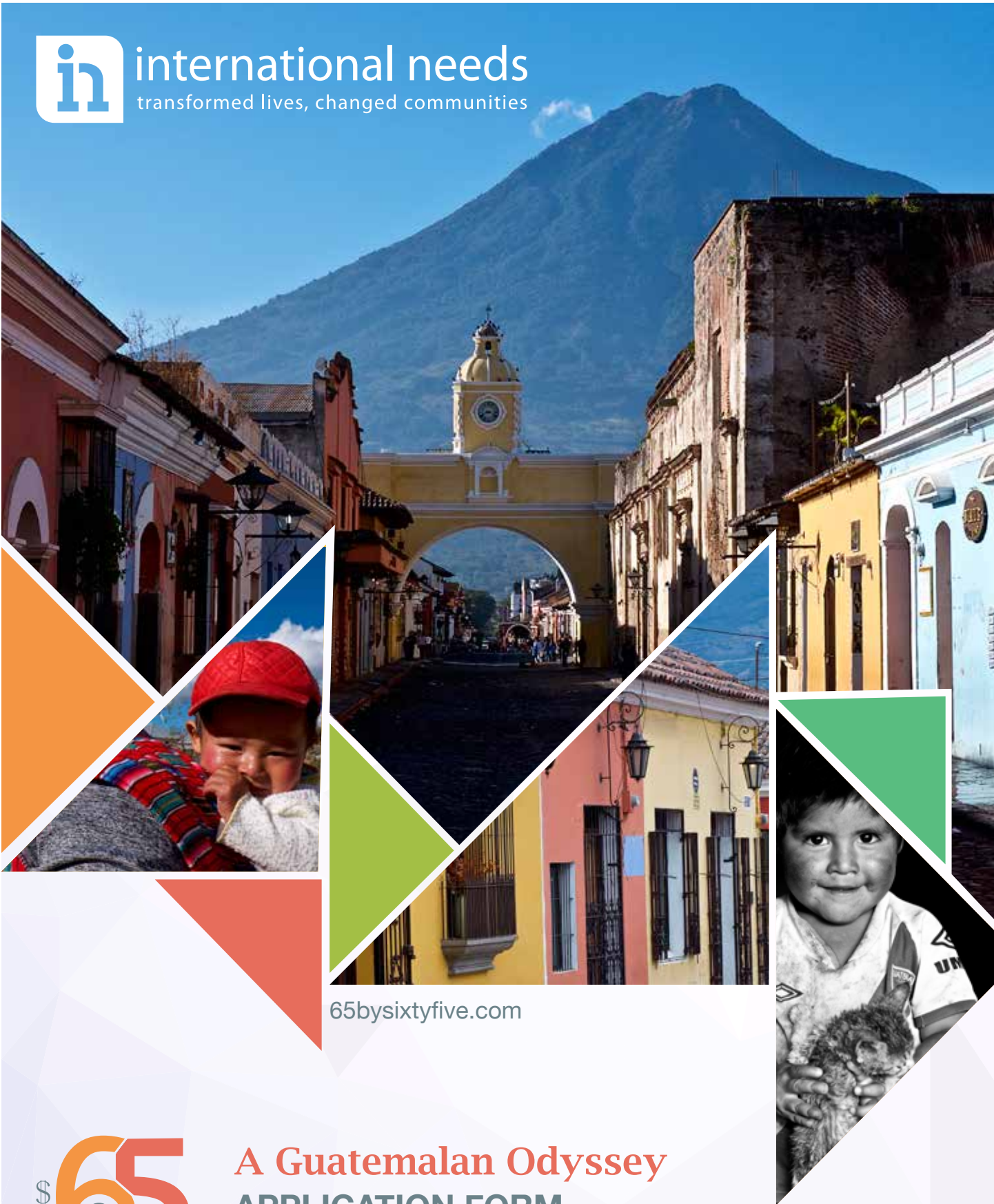




international needs
transformed lives, changed communities



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A Guatemalan Odyssey APPLICATION FORM

January 14th to 24rd, 2019

Dear Applicant,

Thank you for your willingness to support International Needs Canada, by participating in one of our Discovery Tours. You are partnering with us and embarking on a journey that will impact the lives of many people in remote communities and struggling cities. We appreciate all the time and energy you will be investing in preparation for this trip. We value your time and commitment. May you be richly blessed.

Included is all the necessary documentation to help you get started. As you complete all the steps please check them off on the list below to help you keep track of your progress.

Discovery Tour Checklist:

- Application Completed and Submitted to International Needs Canada.
- \$500 Deposit Submitted with Application (non refundable).
- Balance of trip payment due 45 days before departure.
- Read and signed Agreement and Release Liability Form.
- Valid Passport (expiring six months beyond date of return).
- Police Check: Please go online through the www.backcheck.ca/inc website.
- Emergency Medical Form.
- Application for Tourist Visa (if needed).
- Out of Country Medical Insurance Coverage (**mandatory**, over and above provincial coverage).
- Cancellation/interruption insurance (recommended).
- Appointment with your local International Travel Clinic.
- All necessary vaccinations and perscriptions filled.

If you have any questions please contact your team leader.

Thank you for choosing to invest in change.



Corrie Mulder
Director of Operations
International Needs Canada
Email: corrie@internationalneeds.ca

International Needs Canada

Guatemalan Odyssey Application Form

1. GENERAL INFORMATION: (PLEASE PRINT)

Last Name: _____ First Name: _____ M F

Marital Status: _____ Name of Spouse: _____

Occupation: _____ Present Previous

Status: Employed Unemployed Semi-retired Retired Student Other: _____

Education: _____ Area of Study: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: (_____) _____ - _____ Work Phone: (_____) _____ - _____

Cell Phone: (_____) _____ - _____

Email Address: _____

Church Affiliation:

Do you attend a church: Yes No If so, please include information below.

Church Name: _____

Church Address: _____

City: _____ Province: _____ Postal Code: _____

2. PASSPORT INFORMATION:

Please note that all applicants' passports must be valid for six months beyond date of return.

Full Name (as printed in Passport): _____

(Surname)

(Given Names)

Passport Number: _____ Nationality: _____

Date of Birth: (DD/MM/YY) _____ Place of Birth: _____

Date of Issue: (DD/MM/YY) _____ Date of Expiry: (DD/MM/YY) _____

Place of Issue: (Prov/City, Country) _____

3. QUALIFICATIONS/CERTIFICATIONS:

Please check all valid qualifications and certifications you currently hold:

CPR First Aid Life Guard Sports Teacher

Trades: _____

Tech: _____

Other: _____

If you volunteer in your church or community, in what capacity? _____

TRIP SPECIFICS:

Have you participated on a trip with International Needs Canada prior to this? Yes No

Have you participated on a cross-cultural trip prior to this? Yes No

If so, where did you go, what was your role on the team and what did you learn from your host country?

Please list two reasons why you wish to participate on this tour. What do you hope to learn from this experience?

What gifts/skills/abilities or experiences do you have that you can contribute to this tour?

What are the most significant events that have occurred in your life in the past two years?

Do you speak, read or write a foreign language? (please indicate your proficiency level)

4. REFERENCES:

Please list two individuals that you have asked to be references for you below. International Needs may contact these references. References may not be family members.

1. Last Name: _____ First Name: _____ M F
Relationship: _____
Phone: (_____) _____ - _____ Email: _____

2. Last Name: _____ First Name: _____ M F
Relationship: _____
Phone: (_____) _____ - _____ Email: _____

MY TEAM COMMITMENT

If I am selected to participate, I will make every effort to:

- Put together a list of Prayer Partners who will commit to pray for me while preparing to go on the trip, while away and after I return. I will keep my prayer partners updated with my prayer and praise items.
 - Be a blessing to others and willingly learn from them.
 - Submit my own personal preferences (privacy, food, dress, etc.) to the standards of the project hosts.
 - Willingly submit to my team leader(s) in all things throughout the project.
 - Build up my fellow project participants.
 - Participate fully and willingly in all pre-trip and post-trip preparation and debriefing meetings as required.
3. I acknowledge that all funds raised above and beyond my specific fee will be re-allocated to the country project. I acknowledge that all funds required to participate on this trip must be submitted to International Needs Canada **45 days prior** to the departure date. Failure to do so will result in my voluntary withdrawal from the team, I will pay any financial penalty attached to cancelling airline and accommodation reservations, and I will arrange to have any contributions made on my behalf returned to my donors upon request.
4. I understand that International Needs is a Christian not-for-profit organization and is founded on Christian principles. I will abide by their vision and mission statements.
5. I have read and signed the Agreement and Release Liability Form.

Applicants' Name: _____ Date: _____

Signature: _____

PLEASE PRINT CLEARLY

PERSONAL INFORMATION

Last Name: _____ First Name: _____ M F
Home Address: _____ City: _____
Province: _____ Postal Code: _____ Home Phone: (_____) _____ - _____
Family Physicians Name: _____ Phone Number: (_____) _____ - _____

EMERGENCY CONTACT INFORMATION

Last Name: _____ First Name: _____ M F
Relationship: _____
Home Address: _____
City: _____ Province: _____ Postal Code: _____
Home Phone: (_____) _____ - _____ Work Phone: (_____) _____ - _____
Mobile Phone: (_____) _____ - _____ Email: _____

MEDICAL INSURANCE INFORMATION

Provincial Health Card Number: _____
Medical Insurance Company Name (for out of country coverage): _____
Policy Number: _____ Telephone (calling from overseas): _____

HEALTH INFORMATION

Do you have any health concerns or physical challenges that would limit your level of participation on this team?

Please list any prescription medication you are currently taking:

Please list any pre-existing medical conditions:

Any food or medication allergies: _____

AGREEMENT AND RELEASE LIABILITY FORM

1. I, _____ [name of releaser], acknowledge that I have voluntarily applied to International Needs Canada to participate in a trip to _____ [country name] organized by International Needs Canada for the purposes outlined in the attached information package.
2. I am aware that participating in the trip may involve me being exposed to certain hazards and dangers, including, but not necessarily limited to hazards and dangers inherent in travel in lesser-developed parts of the world. In particular, I understand that I may be exposed to danger from crime and/or increased threat of disease.
3. I acknowledge that I have considered and understood these risks and am voluntarily participating in the trip with knowledge of the potential danger involved. I hereby agree to accept any and all risk of injury, death, or loss or destruction of property resulting in any way from the trip.
4. I further acknowledge that in arranging accommodations for the trip, including but not limited to air and surface transportation, hotels, restaurants and the like, International Needs Canada and any travel agency engaged by International Needs Canada are acting as the agent of the undersigned for such purpose and shall not be responsible for nor have any liability as a result of any loss, injury or damage that may be caused as a result of such public accommodation.
5. As consideration for being permitted by International Needs Canada and any of its affiliated organizations to participate in the trip, I hereby agree that I, my assignees, heirs, distributes, guardians, and legal representatives will not make any claim against, sue, or attach the property of International Needs Canada or any of its affiliated organizations or any of their respective officers, agents, directors, employees or representatives (the "Releasees") for any loss, injury or damage of any kind resulting from any participation in the trip that is or is alleged to be the result of the negligence or other acts or omissions, however caused, of the Releasees, or any of them. I hereby release all of the Releasees from all actions, claims or demands that I, my assignees, heirs, distributes, guardians, and resulting from my participation in the trip.
6. I have carefully read this Agreement and fully understand its contents. I am aware that this is a release of liability and a binding agreement between me and International Needs Canada and I sign it of my own free will.

Executed at _____, on this _____ day of _____, 20_____.

Name [please print]: _____

Signature: _____

DECLARATION OF WITNESS

I certify that _____ [name of Releaser] acknowledged in my presence that _____ [he/she] had read and fully understood the meaning and consequences of the foregoing release, and signed it in my presence. Executed at _____, on this _____ day of _____, 20_____.

Signature of Witness (**not a relative**): _____

[Print name and Address of Witness]: _____