

**US-Russia Global Exchange
Humanitarian Trip Application**

Please print neatly...

Legal Name (First Name, Middle Initial, Last Name)

Birth Date

Residence Address

City, State, Zip

Work Phone

Home Phone

Cell Phone

Email Address

Occupation

Please select (circle) the camp time:

June

July

August

1. Do you have a current passport?

Yes No

2. What is your passport number?

3. When does it expire (mo/date/yr)?

5. Why do you want to participate in this trip?

6. How can you contribute to this trip?

7. What skills, talents, and abilities will you bring to the trip?
(i.e.: experience with children, ESL, arts and crafts)

8. Have you ever traveled to Ukraine? If YES, please say when.

9. Have you been on a humanitarian/mission trip before? If YES,
please tell us when and where you took this trip.

10. Which foreign language(s) do you speak and what is your level?

11. Please list any known allergies (including food)

12. Are you a vegetarian?

Yes

No

13. Please describe any medical condition that a local medical professional might need to know of during the trip

14. What is your general health condition?

15. What is your blood type?

16. Has any medical professional advised you not to participate in this or other short-term humanitarian trips?

Yes No

17. In the event of emergency, who should we notify?

_____	_____	Name
	Relationship	
_____	_____	
Telephone	E-mail	

The information in this application is true and accurate to the best of my knowledge and understanding.

Signature: _____

Date: _____

NOTE: If a participant is under 18 years old, both parents must also sign and date this application.

Please return this application, along with the signed Liability Release Form and \$200 non-refundable deposit to:

*US-Russia Global Exchange
845 Ramona Street, #213
Palo Alto, CA 94301*