

WE International – Uganda Trip – August 2018



Dates: (August 6th- 20th)

* Dates may vary due to airfare

For you to be considered for the trip, this form must be completed and returned to a WE International representative by **June 1st, 2018**. All information in this application will be kept confidential. Should your application be accepted a \$100 deposit will be due June 7th, this deposit will be applied to your total trip cost.

Personal Information

Please input information as it appears on your passport wherever applicable.

Last: _____ First: _____ Middle: _____

Address _____

City: _____ State: _____ Zip Code: _____

Date of Birth: ____/____/____ Citizenship: _____

Current job/occupation: _____

Marital Status (circle one): Single Married Engaged Separated Divorced

Contact Information:

Email: _____

Mobile Phone: (____) _____ Home Phone: (____) _____

Work Phone: (____) _____

Do you have a Facebook: Yes No How does your name appear on FB: _____

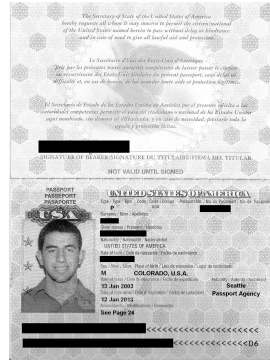
Passport Information:

Country Issued: _____ Passport #: _____

Issue Date: ____/____/____ Expiration Date: ____/____/____

I have no passport I need a new passport

If you have a passport, please attach a photocopy of your passport ID pages. Your application will not be complete until we have a copy. Please ensure BOTH pages are photocopied (see example)



*** If you have a passport from a country other than the USA:**

Please note any other information your passport that was not answered above:

Will you need a visa? _____ What kind of visa will you need? _____

What does the process look like for you to get a visa? _____

Airline Information (if applicable)

Delta frequent flyer number: _____ Seat Preference: Aisle Window Middle

Emergency Contacts

Please list two emergency contacts. In filling out this form, you give WE International permission to contact these individuals on your behalf in case of an emergency.

Contact 1:

Last: _____ First: _____ Middle: _____

Address _____

City: _____ State: _____ Zip Code: _____

Email: _____ Mobile Phone: (____) _____

Relationship to You: _____

Contact 2:

Last: _____ First: _____ Middle: _____

Address _____

City: _____ State: _____ Zip Code: _____

Email: _____ Mobile Phone: (____) _____

Relationship to You: _____

Vaccinations

Please input your up-to-date vaccination information. Vaccination list is from the Center for Disease Control:
<https://wwwnc.cdc.gov/travel/destinations/traveler/none/uganda>

Vaccination	Date Administered	Date of Next Needed Dose (if applicable)
Yellow Fever		
Measles-Mumps-Rubella		
Malaria		
Tetanus		
Chicken Pox		
Polio		
Hepatitis A		
Hepatitis B		
Typhoid		
Cholera		
Rabies		
Meningitis		
Flu		

It is your responsibility to ensure your relevant vaccines are current up to date. It is assumed that prior to departure you will have met with a travel doctor and discussed region specific vaccines and health care. We advise you to meet with your doctor well in advanced as some vaccines have strict timelines.

Health Information

Circle any of the following conditions you currently have.
Place a check mark by any of the following conditions you have previously had.

Food allergy (specify)	Appendectomy	Jaundice
Penicillin allergy	Tonsillectomy	Alcoholism / Drug abuse
Sulfonamides allergy	Hernia repair	Kidney disease
Serum allergy	Other surgery (specify)	Gall Bladder problem
Other allergy (specify)	Broken bones	Intestinal troubles
General weakness	Dislocation of joints	Recurrent diarrhea
Skin conditions	Rheumatism / Arthritis	Shortness of breath
Eye trouble	Back problems	Stomach / Duodenal ulcer
Ear trouble	Paralysis	Mental disorders
Recurrent headache	Head injury	Nervous disorders
Fainting spells	Epilepsy / Seizures	Depression
Insomnia	Anemia	Other:
Hay Fever	Diabetes	<u>FEMALES ONLY:</u>
Asthma	Tumor / Cancer	Irregular periods
Heart trouble	Hypoglycemia	Severe cramps
High blood pressure	HIV+	Excessive flow
Low blood pressure	Hepatitis	Are you pregnant? Y / N

Are you presently under the care of a doctor for any condition? Y / N

If yes, please specify: _____

Are you currently taking medication? Y / N

If yes, please specify name of medication and what it is for: _____

Do you have any special dietary needs? _____

Do you have medical insurance? Y / N Insurance Provider: _____

Blood type: _____ Organ Donor? Y / N

Free Response Questions

*if you are a current intern or volunteer please feel free to skip this section

Why are you applying for this trip with WE International?

What do you hope to see happen on this trip spiritually, or personally either in your own life or those we are serving?

What are three expectations you have for this trip?

What do you see as your strengths and weaknesses

List 5 things that you are passionate about AND 5 things you have a desire to do in your life:

Questions? Contact a WE International representative at:
trips@weinternational.org

For Office Use

Date Received: _____

Deposit Paid: _____