



Little Dresses for Africa
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Contact: Rachel O'Neill
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OFFICE USE ONLY:
Date App Rec'd: _____
Deposit received: _____
Accepted Date: _____
Trip Date: _____
Passport rec'd _____
2 Pics for Visa rec'd _____
Comments: _____

Checks may be made out to: Little Dresses for Africa

Confidential Information

Short Term Volunteer Application

Personal Data (please type or print clearly)

Full Legal Name on Passport: _____

Address: _____ City: _____ State: _____ Zip: _____

Home/Cell Phone: _____ Work Phone: _____

E-Mail: _____

Date of Birth: _____ Citizenship: _____

Passport #: _____ Expiration Date: _____

Sex: _____ married or single: _____ Maiden Name: (for visa) _____

T-shirt size if team shirt is provided _____

If available, Aisle or window preferred on flight? _____

Vegetarian meals preferred? _____

Congregational Involvement or Personal Reference:

Feel free to use the back of the page for detail if you wish.

Home Church/Preacher or personal reference/phone or contact:

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

The following questions are as much for your own introspection as to help us get to know you better. Please prayerfully consider your answers.

Have you volunteered or traveled with Little Dresses for Africa on any previous trips? If so, when? What was your overall response to that experience/trip? And/or, what is your relationship to LDFA?

Describe your occupation. Do you think your past or present occupational skills will contribute to this trip? If so, how?

Do you have any special talents, interests, study, or education that may contribute to the team? (please include musical, teaching, photography, medical, etc.) If so, please describe:

What spiritual gifts do you feel you will be bringing to this team? What do you consider your spiritual or interpersonal gifts, Bible background and/or knowledge do you feel you will bring to the trip? How do you feel they would benefit the team?

Please list any other mission trips or other cross-cultural experiences you have been part of, etc. What was your best experience on that trip and why?

How would you describe your personality and strengths?

Describe how *OTHERS* would describe or view your personality and strengths:

Please make a general statement concerning your health: Would you consider your health to be poor, average, good or excellent? Any special physical considerations or limitations?

What are your hopes/expectations for this trip? Is there a reason you feel particularly called to this service? Any other information you'd like us to know?

Are you willing and comfortable with the following statements? Please initial statement you agree with:

1. *The team goal is to: Glorify God, Serve Mankind, and walk in Obedience.*
2. I realize that I am a guest in another culture and will be sensitive to their beliefs and customs.
3. I realize that I have come to learn. I realize that we will be sharing information and suggesting ways to help but it is their home and we will respect it.
4. I realize that Christianity has many faces throughout the world and I will respect the host's view. The purpose of this trip is to witness, and experience faith lived out in a new setting.
5. I will maintain a servant's attitude to all nationals and to my teammates.
6. I will respect my team leader(s) and his or her decisions.
7. I will give all credit of accomplishments and favor to God, realizing the amazing things God will allow the team to accomplish when we give *HIM the glory*.
8. I realize that traveling can present numerous and unexpected circumstances, but I will do my best to refrain from complaining and attempt to be a peacemaker.
9. I will refrain from any activity that would bring reproach upon the church or those representing Christ.
10. I will remain flexible. I will remain flexible. I will remain flexible.

WAIVER AND RELEASE

As a condition of being permitted to travel with Little Dresses for Africa (LDFA) on and participate in, a short-term mission trip to Malawi, East Africa, I acknowledge and agree to the following:

1. Agrees to assume all normal and foreseeable risks associated with travel to, from and within the country including but not limited to natural disasters, terrorism, political unrest, and contraction of illness and releases Little Dresses for Africa and its affiliates from any responsibility for such risks.
2. Acknowledges that the carriers, hotels and other suppliers (the "suppliers") providing services in connection with the mission trip are independent contractors and are not agents, employees or representatives of LDFA and releases LDFA from any actions or omissions of such suppliers.
3. Agrees that LDFA shall have no liability for any personal injury, property damage or other loss, accident, delay, inconvenience or irregularity which may be caused by any wrongful, negligent or unauthorized acts or omissions on the part of any supplies or their agents, any defect in or failure of any vehicle, equipment or instrument owned operated or otherwise used by any supplies or any wrongful or negligent acts or omissions on the part of any other party not under the control of LDFA.
4. Releases the Company, its officers, directors, employees, agents and representatives from any claims whatsoever relating to the mission trip to Malawi.
5. Agrees not to sue or otherwise hold LDFA responsible for any injury, damage, or loss resulting to the undersigned or the undersigned property in connection with the participation in the missions to Malawi.
6. Accepts full responsibility for luggage and other belongings brought on the mission trip by the undersigned.
7. Agrees to submit to any dispute, claim or cause of action arising out of the undersigned participation in the mission trip solely to a Christian arbitration panel, agreeing that lawsuits among and between Christians is prohibited by scripture.
8. Agrees to be responsible for any injuries, damages or losses caused by the undersigned while the undersigned in traveling with representatives of LDFA and while in Malawi.
9. The undersigned acknowledges that LDFA has recommended that the undersigned obtain a physical examination and proper inoculations prior to going to Malawi as well as malaria medication.
10. The undersigned acknowledges that he/she has been informed that the United States citizens traveling outside of the United States are required to carry documentation of United States citizenship which includes a valid passport and/or valid picture I.D.

PLEASE READ, SIGN AND SUBMIT THIS FORM ALONG WITH YOUR APPLICATION:

NAME

DATE

CONFIDENTIAL MEDICAL SECTION

Confidential Information for use in Medical Emergencies

Full Legal Name: _____

Blood Type: _____

Name of your Physician: _____

Address: City _____ State: _____ Zip: _____

Office phone: _____

Please list all the drugs/medications you are presently taking indicating generic name, strengths, and dosage as well as over the counter medication.

List serious medical problems for which you have received medical care in the past 24 months:

List any history of major illness or surgery: _____

Date of most recent tetanus immunization: current _____

List any known allergies (**including food allergies**) or chronic life-threatening conditions: _____

Please list any medical conditions helpful for a physician to know should you require emergency medical attention during the trip: _____

Describe your **present physical fitness** (*e.g., walking, manual labor, heavy lifting, carrying luggage*)

Emergency Authorization

I give any licensed, practicing physician or hospital full authority to provide emergency medical treatment for me in the event such treatment is needed or necessary and I am not able to make such a decision. I also hereby give my permission for a licensed practicing physician to administer whatever medical treatment he/she may deem necessary for me in the event of any medical emergency affecting me.

In Case of Emergency Contact:

Name: _____

Address: _____

E-mail: _____

City: _____ State: _____ Zip: _____

Relationship to Applicant: _____

Cell Phone _____

Permission to phone signature in case of emergency:

Applicant Signature: _____ **Date:** _____