



APPLICATION FORM
BORDERLINKS DELEGATION
February 3-10, 2018

Personal Data

Name (as it appears on your passport) _____

Address _____

City _____ State _____ Zip _____

Telephone (home) _____ (work) _____
(mobile) _____

Email _____

Gender _____ Birthdate _____

Professional position and/or interest _____

Passport number _____ Expiration date _____

Health Information

General health Excellent ___ Good ___ Fair ___

Do you smoke? Yes ___ No ___

Do you have any

___ Allergies

___ Physical challenges

___ Emotional challenges

If yes, explain: _____

(NOTE: In some cultural contexts, we are not able to accommodate strict vegetarian diets.)

Are you currently under a physician's care and/or receiving prescribed medication of which we should be aware? Yes ___ No ___

If yes, please explain and list medications: _____

Are you covered by illness and accident insurance? Yes ___ No ___
(NOTE: Bring your insurance card with you when you travel.)

Are there any other special considerations we should know about in processing your application? If so, please list: _____

IN CASE OF EMERGENCY, please notify:

Name _____

Relationship _____

Telephone _____ Email _____

[Use separate sheets of paper if you need more space for your responses.]

What are your reasons for desiring to participate in this travel study seminar?

Keeping in mind the purpose as described in the flyer, what are your expectations for this experience?

Will you agree to do pre-travel study of materials provided or recommended by the organizers?
Yes ___ No ___

Are you adaptable to simple accommodations, including dormitory-style living?
Yes ___ No ___

Will you agree to do post-travel interpretation of your experience?

Yes ___ No ___

In what way? _____

Have you ever lived in or visited other countries? If so, describe your experience, including the countries and dates. _____

Please describe any skills, interests, or hobbies (like photography) that might be useful on the trip or in the interpretation experience after the trip. Will you be willing to share photographs and notes after the trip for the benefit of all participants and the larger church?

Do you speak any Spanish? How fluently? _____

Will you be able to pay the entire cost by December 20, 2017, prior to the trip date?

Yes ___ No ___

Do you agree to participate in orientation and debriefing and travel with the group at all times during the period of the seminar? Yes ___ No ___

If no, explain _____

Information to be Shared

Please write a brief biographical paragraph that can be shared with other trip participants before the meeting. Tell about yourself, your work interests, family, church involvement, and any other experiences that have influenced you or that you would like to share. Include the name that you like to be called. Attach to this application.

Church Information

Name of your congregation _____

Describe your involvement in the mission of your congregation, presbytery and/or synod

Please read and sign this agreement:

I agree to all the conditions relevant to the Compassion, Peace & Justice delegation of the Presbytery of Des Moines and BorderLinks. I will complete the required study in advance, take part fully in all aspects of the trip, including the orientation and debriefing, and use the insight gained for the furthering of the goals of the group to the best of my ability. I will also fulfill all my financial obligations.

Signed: _____

Date: _____

Please send the completed application form to:

Presbytery of Des Moines
ATTN CP&J Task Force
2400 – 86th Street, Suite 20
Urbandale, IA 50322-4306