



## INTERNATIONAL OUTREACH APPLICATION

**(PLEASE PRINT. USE BLACK INK. ANSWER ALL QUESTIONS. MAIL TO ADDRESS BELOW.)**

2598 Rice Street • St. Paul, MN 55113 • Ph: 651.484.3010 • Missions@WorldEncounter.org

Name \_\_\_\_\_  
 Last First (FULL LEGAL) Middle

**(NOTE: Your Legal First, Middle and Last Names MUST Match Your Passport)**

Permanent Address \_\_\_\_\_  
 Street, Box, RR City State Zip

Temporary Address \_\_\_\_\_  
 (MUST be completed if this is college address. Check if info is to be sent to temporary address )

Telephone (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
 Home Work/Other Mobile Phone

E-mail Address: \_\_\_\_\_

Age \_\_\_\_\_ Birthday \_\_\_\_\_ Citizen of \_\_\_\_\_ Birthplace \_\_\_\_\_  
 Country Country

Sex \_\_\_\_ Marital Status:  Single  Married  Widowed  Remarried  Separated  Divorced  
 (World Encounter does not discriminate based on marital status.)

Education \_\_\_\_\_  
 Degrees/Certifications Institution

Occupation \_\_\_\_\_  
 Title Description

### Emergency Contact Information

In Case of Emergency Contact \_\_\_\_\_

Address \_\_\_\_\_  
 Street, Box, RR City State Zip

Telephone (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
 Home Other

Please Describe Your Physical Health, Including Any Physical or Dietary Limitations You May Have. Height \_\_\_\_ Weight \_\_\_\_

Are You on Any Regular Medication or Currently Under a Doctor's Care? ( Yes  No) If Yes, Please Explain. \_\_\_\_\_

My Primary Health Insurance Carrier Is:

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Do You Have a Current Passport (Good Through the Trip Plus 6 Months)? ( Yes  No) Place of Issue: \_\_\_\_\_

Issue Date: \_\_\_\_/\_\_\_\_/\_\_\_\_/ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_/ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

What Nationality is Your Passport? \_\_\_\_\_ Passport Number: \_\_\_\_\_





**WORLD ENCOUNTER**  
**Liability Release and Waiver**

Name of Participant: \_\_\_\_\_

Name of Parent(s) or Legal Guardian: \_\_\_\_\_

Please note (or attach on a separate sheet) any medical information or conditions which the tour leaders should be aware of: \_\_\_\_\_  
\_\_\_\_\_

The undersigned hereby acknowledge and understand that each Participant on the World Encounter outreach trip is voluntarily engaging in activities that involve risk of injury or illness (even catastrophic injury or illness) which might result not only from their own actions, inactions or negligence, but the actions, inactions or negligence of others, or the existing conditions of the country they will be visiting, and further, that there may be risks which are not known to the trip organizers or which are not yet reasonably foreseeable.

The undersigned hereby assume all of the foregoing risks as a condition of participation and accept personal responsibility for all damages following any such injury or illness, and intending to be legally bound, do for themselves, their personal representative and heirs, hereby agree not to bring any legal action against, and hereby release, waive, and unconditionally discharge the trip organizers, World Encounter, its administrators, officers, directors, employees or volunteers which are associated with this trip, from any and all claims, demands, expenses, losses or damages which may be incurred on account of any injury or illness occurring on this trip, including death or damage to property, and also including that which may be caused or alleged to be caused in whole or in part by the negligence of any of the above mentioned persons.

The undersigned hereby certifies that the Participant is covered by the submitted health insurance policy and accepts the potential costs for treatment that may or may not be covered by the stated insurance policy. The undersigned has read the above waiver and understands that by voluntarily signing it, the undersigned has given up substantial rights.

The above named Participant (ir a minor) has my permission to participate on the outreach trip with staff members or leaders of World Encounter during the period from \_\_\_\_\_ through \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
(Signature of Parent or Legal Guardian) Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Parent or Legal Guardian) Date: \_\_\_\_\_

Participant hereby agrees to abide by the rules set by the trip leaders, and will accept the consequences for inappropriate behavior, including, if deemed necessary, being sent home at their own expense.

\_\_\_\_\_  
(Signature of Participant) Date: \_\_\_\_\_

## Checklist

- Application Form Submitted
- Liability Release and Waiver Form Submitted
- Must Have a Passport which is Valid for Six Months Beyond Outreach Return Date
- One Copy of First 2 Pages (picture and signature pages) of your **Signed** Passport Submitted

*(Many countries require a Travel Entry Visa in order to visit. In such cases you may need to submit your passport to World Encounter for the application process. Please do not submit passport until requested under separate cover. You will be notified if Travel Entry Visas are required.)*