



FINGERPRINTS

ACROSS AFRICA

Application for Serve Team ~ Zimbabwe

March 10 – 22, 2019

GENERAL INFORMATION

Name (as it appears in your passport): _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____ () Mobile () Home

Gender: () Male () Female Date of Birth: _____

Occupation: _____

EMERGENCY CONTACT

Name (someone not traveling with you): _____

Relationship: _____ Email: _____

Phone: _____ () Mobile () Home

EXPERIENCE (No experience necessary)

Have you previously participated in any type of a serve, missions or compassion project? _____

If so, please provide date, place, and brief description of work: _____

Are you a medical professional? () No () Yes. Please provide 2 copies of professional license. Area of certification: _____

Other pertinent background? _____

Do you have construction or experience with hand tools? () No () Yes.

Please briefly describe experience with construction (e.g. painting, using mitre box, etc.): _____

HEALTH INFORMATION

How would you describe your present health? _____

Do you have any physical limitations that will prevent you from participating in any activities?

() No () Yes. If yes, please describe: _____

Any current illnesses or conditions? _____

List any allergies to food, environment, or medications: _____

* We advise that you bring all medications with you including OTC as many are not available in Africa or are very difficult to obtain.

** We encourage you to confirm that your medical insurance covers you while traveling internationally. Your trip costs will include a medical insurance for any injuries sustained while on this trip but does not cover ongoing medical issues.

PERSONAL INFORMATION

What do you see as your strongest quality and why? _____

What area needs the greatest improvement? _____

Why do you want to participate on this Serve Team? _____

Please provide a reference (not related to you):

Name: _____

Email: _____

Phone: _____

How do you know this person? _____

How long have you known this person? _____

Application Deadline: September 1, 2018

Along with this application, please send a \$250 refundable deposit.*

Signature

Date

PLEASE NOTE: Upon application approval, a complete packet will be made available to you including all trip information, waiver and release of liability forms, and any necessary documentation. Initial deposit will be returned if application is **not** accepted.

*Applications **will not** be processed, your name will not be added to the project roster, and airline reservations cannot be made without the **\$250 deposit**. At the appropriate date of which you will be notified, our travel agency will place your name on the travel roster. After this date, any withdrawal from the project will incur a **\$250 cancellation penalty** as imposed by the airlines. Once airline tickets are purchased, they may not be refunded or transferred to another individual.

Application & copies of professional license can be emailed to festep@fpaaf.org. Deposits and payments can be made online at www.fpaaf.org. Before your airline ticket can be purchased, a copy of the picture page of your passport must be sent. **Note:** your passport must not expire for at least 6 months **after** your return from Zimbabwe.

PAYMENT SCHEDULE: All payments must be accepted on or before deadline dates. No refunds available after July 1, but money may be transferred to another individual. Once tickets are purchased, they may not be refunded or transferred to another individual.

September 1

Application & Deposit \$250

October 30	\$1000
December 30	\$1000
February 1	Balance Due

If mailing application and check, please send to:

Frank Estep
8445 South 1330 West
West Jordan, UT 84088

TEAM SIZE: Team is limited to 16 only. Therefore, it is first come first on the list. You must be paid in full by February 1 – no exceptions. If more than 16 sign up, we will waitlist in case of cancellations. Refunds will be issued for those wait listed if they are not able to join the team.