



# TRIP APPLICATION

**Thank you for your interest in and support of Global Citizens Network. A \$300 U.S. deposit must accompany the Trip Application and signed Trip Agreement (back page) in order to be processed.** (A \$25 late fee will be added to the trip cost for any applications received within two weeks of trip departure date.) Please read the back page carefully. You will be notified once your application is received and accepted by GCN. If your application is not accepted, or if you are put on a wait list and are not able to participate, your deposit will be refunded.

**\*NOTE:** Please do not purchase any airfare until you receive confirmation from us, in the event that the trip is filled or trip dates vary slightly.

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**Country/Site** \_\_\_\_\_ **Dates of Trip** \_\_\_\_\_

**Name (as it appears on your passport)** \_\_\_\_\_

**Name that you prefer to be called** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Phone Home** \_\_\_\_\_ **Work** \_\_\_\_\_ **Cell** \_\_\_\_\_

**E-mail** \_\_\_\_\_

**For purposes of communication regarding GCN business, please check which information can be shared with other trip participants** \_\_\_ Mailing address \_\_\_ Home phone \_\_\_  
Cell phone \_\_\_ E-mail

**Date of Birth** \_\_\_\_\_ **Gender** \_\_\_ M \_\_\_ F

**Occupation** \_\_\_\_\_ **If retired, former occupation** \_\_\_\_\_

**Languages Spoken** \_\_\_\_\_

**How did you hear about Global Citizens Network?** (please cite the specific source)

**What are your reasons for wanting to volunteer on this trip?**

**Describe any previous travel experiences you have had, including date and purpose of travel.**

**Although no specific skills are required of participants in Global Citizens Network programs, it is helpful to the team leader, other team members and the community you will be visiting to have some knowledge of a volunteer's interests and talents. Please describe any of your skills, areas of expertise, talents or interests, and one thing (craft, skill, etc.) that you have always wanted to do or learn how to do.**

**What one skill/talent would you be willing to teach or share with the community you will be visiting?**

**Is there anything else you would like us to know?**

**T-Shirt Preference** Size (circle one) Adult S M L XL XXL Child S M

**Often people in your local community are interested in reading about experiences like yours. Upon your return, does GCN have your permission to submit an announcement of your participation to your local newspaper? \_\_\_ yes \_\_\_ no**

If yes, please provide the name(s) of newspaper(s) in your local area:

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**Trip photographs are often shared with GCN for use in marketing materials such as newspaper articles, brochures, newsletters, or the website. At times, Global Citizens Network uses photographs of unidentified participants in its publications. If you are willing to have your child or yourself included in such films or photographs, please sign the photo release below.**

Yes, I give permission for myself (Name) \_\_\_\_\_  
to be included in photographs representing Global Citizens Network activities.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Yes, I give permission for my child (Name) \_\_\_\_\_  
to be included in photographs representing Global Citizens Network activities.

Name of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

**Indicate all medical and/or mental health conditions that could potentially affect your ability to travel or participate in activities on the GCN trip for which you are applying and/or any medical diagnoses of which GCN and your team leader should be aware. In addition, list all of your current medications and all allergies (including but not limited to food and medication allergies) and special dietary needs/restrictions. The purpose of this disclosure is solely for GCN to evaluate the eligibility of the applicant to participate in the trip. All medications, allergies and special dietary needs/restrictions must be managed by the applicant and must not require any special attention. GCN will use the information disclosed on this form only to the extent necessary to evaluate the eligibility of the applicant and to inform team leaders of the applicant's relevant medical information.**

**GCN reserves the right to request further information regarding the applicant's medical condition and the information disclosed below for the purpose of evaluating the eligibility of the applicant. GCN may deny the application of an applicant or unenroll an applicant who does not disclose all of the information requested here. Regular cancellation fees will apply.**

Medical/mental health conditions/diagnoses:

Current Medications:

Allergies (including but not limited to food and medication):

Special dietary needs/restrictions:

**I, the undersigned, acknowledge and confirm that I have fully disclosed all of the information requested above and have taken the necessary health precautions before participating on this Global Citizens Network trip.**

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

**IN CASE OF AN EMERGENCY, CONTACT:**

Name: \_\_\_\_\_ Relation \_\_\_\_\_

Work phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Email \_\_\_\_\_

**For trips within the United States**

**Health Insurance Provider** \_\_\_\_\_

**Name of Policy Holder** \_\_\_\_\_ **Policy #** \_\_\_\_\_

I do not have health insurance

**For trips outside the United States**

**GCN purchases emergency medical and evacuation insurance for all participants traveling to countries outside the U.S. The cost of this insurance is included in your trip fee. *Note: If you would like to extend your coverage for travel beyond GCN's trip dates there will be an additional fee.***

**Passport Number** \_\_\_\_\_

**Date of Issue** \_\_\_\_\_ **Date of Expiration** \_\_\_\_\_

**Authority (Location)** \_\_\_\_\_

**Departure Date** \_\_\_\_\_ **Return Date** \_\_\_\_\_

**Beneficiary** \_\_\_\_\_ **Relationship to Applicant** \_\_\_\_\_

**Beneficiary's Address** \_\_\_\_\_

Vaccination and inoculation requirements change frequently. GCN requires that each participant contact a health professional and/or one of the following agencies for the most current information on health requirements and recommendations for the country he/she will be traveling to:

\* Centers for Disease Control, Atlanta, GA

(888) 232-3299 or

<http://www.cdc.gov>

\* Contact your local travel clinic

# GLOBAL CITIZENS NETWORK TRIP AGREEMENT

By signing this agreement, Applicant and Guardian acknowledge that there are dangers in traveling, and as such Applicant participates at his/her own risk and assumes full responsibility for personal injury and property damage caused to himself/herself which arises out of such inherent danger.

As consideration for the Applicant's participation in the Global Citizens Network (GCN) program, it is further expressly agreed by Applicant and Guardian that GCN, its directors, officers, team leaders, agents, and representatives (collectively referred to as Released Parties) shall not be liable for any claims, demands, injuries, damages, actions or causes of actions, whatsoever made or incurred by Applicant or his/her property arising out of or connected with the preparation of a GCN trip, the actual trip itself or post-trip activities, use of any services or facilities of GCN or the premises where same are located, delays, substitutions of equipment, or any act or omission whatsoever, brought about by any airline, hotel, car rental company, government agency, or any other individual, organization or corporation, their agents or employees. Furthermore, Applicant and Guardian do hereby expressly forever release and discharge Released Parties from all such claims, demands, injuries, damages, actions or causes of actions, and from all acts of passive or active negligence on the part of the Released Parties.

As further consideration for the Applicant's participation in the GCN program, Applicant and Guardian agree to indemnify and hold harmless the Released Parties from all claims, judgments, and costs, including attorney's fees, incurred in connection with any such claims, demands, actions or causes of actions brought by or on behalf of Applicant or Guardian.

In addition, Applicant recognizes that he/she is traveling as a tourist and, while on site, will be the guest of the local people and the sponsoring organization. Consequently, the Applicant agrees to abide by all applicable rules of the sponsoring organization, and the laws of the government in the places of the program offering. The Applicant and Guardian agree to indemnify and hold harmless the Released Parties from all claims, demands, injuries, damages, actions or causes of actions resulting from Applicant's failure to abide by such rules and laws.

Cancellation and Refund Policy: If you cancel your trip, you may apply the non-refundable \$300 deposit to another GCN trip scheduled within 12 months of the original departure date, and you will be charged a \$50 transfer fee. If you cancel more than 60 days prior to trip departure, 100% of the program fee, less the \$300 deposit and \$50 transfer fee, is refundable. If you cancel less than 60 days prior to trip departure, 50% of the program fee, less the \$300 deposit and \$50 transfer fee, is refundable. If you cancel less than one month prior to trip departure, no program fees are refunded and the \$50 transfer fee will be charged. In the unlikely event that GCN must cancel a trip, we will make all reasonable effort to reschedule. If the new trip dates are not possible for you to participate, you can transfer your deposit and any program fees paid to another trip within one year of travel and not be charged a transfer fee. If travel to the area is not advisable for the foreseeable future, GCN will refund the full amount paid out less a \$50 administrative fee. If you are participating in a non-U.S. trip with GCN, GCN will be purchasing emergency medical/evacuation insurance for the duration of the GCN trip. The cost of this insurance is included in the GCN trip fee.

The law of Minnesota shall control all questions relating to the construction, operation, validity, and performance of this Agreement. In the event any provision of this Agreement is held to be invalid or too broad to permit enforcement to its full extent, then such provision and the remaining provisions shall be enforced to the maximum extent permitted by law.

**I have carefully read this Agreement, agree to its terms and have made a photocopy.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Applicant

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Applicant's Guardian (required only for Applicants under age 18)

Mail completed application and deposit to: **Global Citizens Network,**  
**129 No. 2<sup>nd</sup> Street, #102, Mpls., MN 55401**