



PazNaz

Participant Application

Applications are **due by Sun Mar 11th** along with the \$50 deposit. All applications can be dropped off at the Compassionate Ministries office on Becky Baumgartner's desk.

Please use black or blue ink and type or write neatly. All personal information you provide will be kept in strictest confidence.

Full Name (as it appears on your passport): _____

Name You Go By: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Permanent Address: _____

City: _____ State: _____ Zip Code: _____

Email 1: _____

Email 2: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Other: _____

What is the best way to contact you? (Mark the *best* options.)

Home phone Work Phone Cell Phone

Email 1 Email 2 Other _____

Date of Birth (MM/DD/YYYY) ___/___/___ Country of Birth: _____

Gender: Male Female

Please state your age: _____

Travelers who are minors 1) must be accompanied by a parent (especially if under 15) or 2) if 15-18 and traveling without a parent, you must have a completed parental consent letter which can be found at the following web site or obtained from the church office:

http://www.familytravelforum.com/assets/pdf/permission_to_travel_letter.pdf

Questions? Selena Holston-Gabriel (626) 351-2417 email: sholston@paznaz.org;
Becky Baumgartner (626) 351-2437 email: bbaumgartner@paznaz.org

Occupation: _____

Current Job Title: _____

Marital Status: _____

Spouse's Name (If applicable): _____

Will any family members be travelling with you? Yes No

If yes, please list their name(s) and relationship(s). (Each family member needs to fill out a separate application.)

Name	Relationship
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Are you a US citizen? Yes No

Passport Information

Do you have a passport? Yes No Applied/Applying on ___/___/___

Country of Issuance: _____

Passport #: _____

Expiration Date (MM/DD/YYYY): ___/___/___

Please include a copy of your passport with your application, or if you have just applied, as soon as you receive it.

Emergency Contact Information

Emergency Contact Name: _____

Relationship to You: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Questions? Selena Holston-Gabriel (626) 351-2417 email: sholston@paznaz.org;
Becky Baumgartner (626) 351-2437 email: bbaumgartner@paznaz.org

Special Skills/Abilities/Interests (Check all that apply.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Doctor | <input type="checkbox"/> Nurse | <input type="checkbox"/> Dentist |
| <input type="checkbox"/> Medical Other _____ | <input type="checkbox"/> Craftsman _____ | <input type="checkbox"/> Construction |
| <input type="checkbox"/> General Contractor | <input type="checkbox"/> Welder | <input type="checkbox"/> Fluent in Spanish |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Landscaping | <input type="checkbox"/> Landscape architect |
| <input type="checkbox"/> Botanist | <input type="checkbox"/> Farmer | <input type="checkbox"/> Video/Photography |
| <input type="checkbox"/> Teacher/Educator | <input type="checkbox"/> Child Development | <input type="checkbox"/> Children's Worker |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Writer | |
| <input type="checkbox"/> Other _____ | | |

List Your Three Greatest Personal Strengths and Weaknesses

- | Strengths | Weaknesses |
|-----------|------------|
| 1. _____ | 1. _____ |
| 2. _____ | 2. _____ |
| 3. _____ | 3. _____ |

T-Shirt Size (Please circle the appropriate size.)

- | | | | | |
|---------|---------|----------|-----------|---------|
| Child S | Child M | Child L | Adult XS | Adult S |
| Adult M | Adult L | Adult XL | Adult XXL | |

Scholarship Applications

Applicants for scholarship should pick up an application from the Office of Compassionate Ministries and submit it along with this application form and deposit by Sunday, March 11.

Questions? Selena Holston-Gabriel (626) 351-2417 email: sholston@paznaz.org;
Becky Baumgartner (626) 351-2437 email: bbaumgartner@paznaz.org

Medical Information

Please place a check mark beside any of the health conditions that you may have at the present time or have had in the past. If nothing on the list applies, please check "No Existing Conditions." It is important that your team coordinator be aware of any medical problems that may arise while on the trip. Please use the comment space below to add any existing conditions that may not be itemized. Preexisting conditions are not covered by the W&W Insurance policies.

Heart

- Heart Surgeries
- Bypasses
- Heart Medication
- Pacemaker
- High blood pressure

Mental Health

- Phobias (please list extremes below)
- Depression
- Stress issues
- Paranoia
- Other _____

Diet

- Diabetes
- Prescribed insulin
- Hypoglycemia
- Diet restrictions

(Please explain below to help the team cook.)

Other

- Allergies (please list below)
- Epilepsy
- Other Medications (please list below)
- Other _____

No Existing Conditions

Lungs

- Asthma
- Emphysema
- High Altitude Problems

Comments

(Please include any health conditions that your team leader should be aware of in case of any emergencies and list any medications you will be taking with you.)

Questions?

Selena Holston-Gabriel (626) 351-2417 email: sholston@paznaz.org;
Becky Baumgartner (626) 351-2437 email: bbaumgartner@paznaz.org