

links trip application

Links USA, PO Box 1223, San Marcos, TX 78667 | Phone/Text: (512) 765-4657 | linksusaoffice@gmail.com | www.linksinternationalusa.com

1. TRIP INFORMATION

1.1 Which Links Trip are you interested in? _____

2. PERSONAL INFORMATION

2.1 Full Name _____

2.2 Address _____

City _____ State _____ Zip Code _____

2.3 Mobile _____ Alt. Phone _____

2.4 Email _____ Alt Email _____

2.5 Date of birth _____ Age at time of Links Trip _____

2.6 Nationality _____

2.7 Marital Status _____ Do you have children? Yes No

2.8 Passport No. _____ Issue Date _____

Expiration Date _____ Place of Issue _____

2.9 Emergency Contact.

Name _____ Relationship _____

Address _____

Mobile _____ Alt. Phone _____

3. MEDICAL INFORMATION

Failure to disclose medical information may result in cancellation of your place on the Links Trip and you will be liable for all costs incurred by Links International. It is important we know this information so we can assist you. We will make every effort to accommodate those with disabilities but reserve the right to decline applications.

3.1 Do you smoke? Yes No

3.2 Do you drink alcohol Yes No

3.3 Do you have any physical or intellectual disabilities Yes No

3.4 Are you on prescribed medication Yes No

Note: If you are on any medication at the time of the trip departure you must inform your trip leader.

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- 3.5 Have you had any other form of treatment in the past five years? Yes No
 If yes, provide details _____
- 3.6 Have you suffered from any emotional/anxiety problems treated by mental health professionals?
 Yes No If yes, provide details _____
- 3.7 Are you willing to take the required immunizations and anti-malarial treatment? Yes No
- 3.8 What is your blood type? _____
- 3.9 General Practitioner Information.
 Full Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Telephone _____
- 3.10 Special Dietary Requirements? Yes No
- 3.11 List any allergies _____

4. GENERAL INFORMATION

- 4.1 What language do you speak? _____
- 4.2 Employment Status Student Self-Employed Employed Unemployed Other
 If other, please specify _____
- 4.3 Give details of trade/profession _____
- 4.4 Give details of employer/college _____
- 4.5 How did you hear about Links International? Why do you want to join a Links Trip? _____

- 4.6 What would you say are your strengths? _____

- 4.7 What practical skills do you have? _____

- 4.8 Have you ever taught or trained someone? If so, what and how did you teach them? What was the experience like? How did you perceive the outcome? _____

4.9 Have you ever led/facilitated small group? If so, what was the nature of the group? What was the experience like? How did you perceive the outcome? _____

4.10 Do you play a musical instrument? Yes No
If yes, provide details _____

4.11 List the organizations/groups/clubs you participate in _____

Do you hold a position of responsibility? Yes No
If yes, provide details _____

4.12 List your hobbies and/or interests _____

4.13 Do you have a driver's license? Yes No

4.14 If you are a Christian, describe your conversion experience in three stages; Pre-Christ, conversion and present relationship.

4.15 Are you a member of a church? Yes No
Church Name _____
Address _____
City _____ State _____ Zip Code _____
Pastor Leader/Eder's Name _____
Telephone _____ Email _____

4.16 Do you have any particular giftings or leadership responsibilities in the church? Yes No
If yes, provide details _____

- 4.17 Reference 1: (a mature Christian or someone who has known you for at least five years)
 Full Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Telephone _____ Email _____
- 4.18 Reference 2: (an Employer, Professor/Teacher)
 Full Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Telephone _____ Email _____
- 4.19 Have you had a background check to work with children within the last three years? Yes No
- 4.20 Have you read the Risk Assessment Policy? Yes No
- 4.21 Have you read the Child Protection Policy? Yes No
- 4.22 Have you read the Overseas Policy? Yes No

Once you have completed this application and read the Links Trip Risk Assessment Policy & the Child Protection policy, sign the declaration below and return the form to the Links USA office; along with a copy of your passport information page. We recommend you keep a copy of the application for your records. If you are under 18 years at the time of the Links Trip, a parent/guardian must also sign the declaration.

DECLARATION

I confirm that I completed this application and fully understand its contents, I have checked the information given and to the best of my knowledge confirm its true and correct.

Applicant Signature _____ Date _____

PARENT/GUARDIAN DECLARATION

I (full name) _____, give my consent for (applicant) _____ to participate in the Links Trip. I confirm that I have read and understood the Links Trip Risk Assessment Policy, Child Protection Policy and this completed application. I understand Links International and its appointed Trip Leader/s will take all reasonable care in the supervision of this team but that they cannot be held responsible for accidents which occur when reasonable care has been exercised or if instructions are ignored. I consent to any first aid or medical treatment being given and for the Trip Leader/s to consent to urgent medical treatment requested by medical authorities if a parent/guardian is non-contactable. I confirm that I shall be responsible for any actions and decisions taken by my child, which do not comply with those given by the Trip Leader/s.

Parent/Guardian Signature _____ Date _____