

Christian  
Reformed  
World  
Relief  
Committee

## Discovery Tour Application

Date: \_\_\_\_\_  
Tour Name: \_\_\_\_\_



**Please print in ink FULL LEGAL NAME as it appears on Passport:**

FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE/PROV \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Other (\_\_\_\_) \_\_\_\_\_

EMAIL \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_ CITIZENSHIP \_\_\_\_\_

PASSPORT # \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

OCCUPATION/EMPLOYER \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

NAME \_\_\_\_\_

RELATIONSHIP TO PARTICIPANT \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE/PROV \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Other (\_\_\_\_) \_\_\_\_\_

### MEDICAL INFORMATION

DO YOU HAVE ANY SPECIFIC DIETARY REQUESTS? IF SO, PLEASE LIST \_\_\_\_\_

DO YOU HAVE ANY HEALTH PROBLEMS THAT WE SHOULD BE AWARE OF THAT MAY LIMIT FULL PARTICIPATION (DIABETES, HEART PROBLEMS, ALLERGIC REACTIONS, ETC...)

PRIMARY PHYSICIAN \_\_\_\_\_ PH. (\_\_\_\_) \_\_\_\_\_

MEDICAL INSURANCE CONTACT INFORMATION

MEDICAL INSURANCE POLICY # \_\_\_\_\_

In the USA:  
Mary Dykstra  
2850 Kalamazoo Ave. S.E.  
Grand Rapids, MI 49560  
1-800-552-7972  
Fax: (616) 224-0806  
servicelearning@crcna.org



In Canada:  
Carol Sybenga  
3475 Mainway  
PO Box 5070 STN LCD 1  
Burlington, ON L7R 3Y8  
1-800-730-3490  
Fax: (905) 336-8344  
volunteer@crcna.ca



# Service Learning Discovery Tour Application Form

Tour date: \_\_\_\_\_

Tour Name: \_\_\_\_\_

**OTHER.** Use another sheet of paper if necessary.

CHURCH AFFILIATION \_\_\_\_\_

LOCAL CHURCH INVOLVEMENT \_\_\_\_\_

DESCRIBE YOUR FAITH JOURNEY \_\_\_\_\_

WHY DO YOU WANT TO PARTICIPATE IN THIS TOUR? \_\_\_\_\_

WHAT DO YOU HOPE TO LEARN FROM THIS TOUR? \_\_\_\_\_

HOW DO YOU PLAN TO SHARE THIS EXPERIENCE WITH OTHERS? \_\_\_\_\_

HAVE YOU HAD OTHER CROSS CULTURAL EXPERIENCES? \_\_\_\_\_

*By signing below, I am committing that I have read and understand the terms and conditions of participating in a Service Learning Tour (see attached)*

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

## BEGINNING PREPARATIONS

- ◆ Call your doctor or local health department about immunizations that will be needed for your trip
- ◆ Check your passport to make sure that it will be current for 6 months after your tour is scheduled to leave
- ◆ Balance of the tour cost will be due 45 days prior to the date your tour is scheduled to leave

**To reserve your spot, please return this form ASAP along with a \$250 USD deposit to:**

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