

CRWRC's Discovery Tour



CRWRC

Living Justice, Loving Mercy

Service
LINK

Application

Tour Date: _____

Tour Name: _____

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

First _____ Middle _____ Last _____

Address _____

City _____ State/Prov _____ Zip Code _____

Telephone: Home (_____) _____ Work (_____) _____

Other (_____) _____ Email _____

Birthdate (US Citizens) _____ CITIZENSHIP _____

Passport # (US Citizens) _____ Expiration Date _____

Occupation _____

EMERGENCY CONTACT INFORMATION

First _____ Last _____

Relationship to Participant _____

Address _____

City _____ State/Prov _____ Zip Code _____

Telephone: Home (_____) _____ Work (_____) _____

Other (_____) _____ Email _____

MEDICAL INFORMATION

Do you have any health problems that we should be aware of that may limit full participation? (Diabetes, Heart problems, Allergies, etc.) _____

Primary Physician _____ Telephone: (_____) _____

Medical Insurance Contact Information _____

Medical Insurance Policy # _____

OTHER INFORMATION

How did you hear about our Discovery Tour opportunity? _____

Have you volunteered with us previously? Yes No If yes, please provide details. _____

Do you speak any foreign languages? If yes, please list and indicate your level of proficiency. _____

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 opportunity? _____

What do you hope to learn from this opportunity? _____

How do you plan to share your experiences with others? _____

Have you had any cross cultural experiences? _____

By signing below, I am committing that I have read and understand the terms and conditions of participating in a Discovery 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.

Return this application to CRWRC along with your \$250.00US deposit to:

In the USA:

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

In Canada:

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

www.crwrc.org

Christian Reformed World Relief Committee

Canada 3475 Mainway PO Box 5070 STN LCD I, Burlington, ON L7R 3Y8, I-800-730-3490, Fax: 905-336-8344

US 2850 Kalamazoo Ave. SE, Grand Rapids, MI 49560, I-800-55-CRWRC (27972), Fax: 616-224-0806, servicelearning@crwrc.org

Service Link

Canada 3475 Mainway PO Box 5070 STN LCD I, Burlington, ON L7R 3Y8, I-800-730-3490, volunteer@crcna.org

US 2850 Kalamazoo Ave. SE, Grand Rapids, MI 49560, I-877-279-9994, volunteer@crcna.org