



Trip Application

Dear Volunteer,

Thank you for your interest in helping to fulfill the mission of ChildVoice (CV)! We are humbled by volunteers who want to give of themselves in order to help children that are affected by war. Thank you for taking the time and energy to honestly respond to the following questions. Please send the completed application form, the completed medical disclosure form a scan of your passport, and a copy of your resume (this helps us to match your skills with the Lukome Center's needs) to our Teams and Interns Manager at teamsandinterns@childvoiceintl.org.

Your name: _____

Address (include city, state, province, country):

Email: _____

Phone number: _____ Cell number: _____

Date of Birth: _____ Gender: Male Female

Passport Information:

Country: _____

Number: _____

Date of expiration: _____

How did you hear about ChildVoice?

What three words would you use to describe yourself? Please explain:

Do you have any significant health conditions, physical limitations or special dietary needs?
Please explain:

Have you traveled overseas before? Please list:

Location	Date	How Long	Reason for trip
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Does your health insurance policy cover overseas travel? Yes No

Please list any skills or abilities you would be willing to contribute towards ChildVoice on this trip.

What are your personal goals for this trip?

If you have crossed cultures in the past, what are three lessons you have learned in relating to others and working in a different setting?

Have you ever been investigated for and/or charged with child abuse or neglect?

Yes No (circle one) If yes, please explain:

Have you ever been investigated for and/or charged with assault?

Yes No (circle one) If yes, please explain:

Have you ever been investigated for and/or charged with any other offence?

Yes No (circle one) If yes, please explain:

Please submit this application along with the Medical Disclosure and Treatment Form, a copy of your passport, a resume and 2 references to 202 Kent Place, Newmarket, NH 03857 or email to teamsandinterns@childvoiceintl.org

Thank you.

Signature: _____ Date: _____