

# Community Partnerships Trip Application



## Section 01: Applicant Information

Country/Site: \_\_\_\_\_ Dates of Trip: \_\_\_\_\_

Name (as it appears on your passport): \_\_\_\_\_

Name that you prefer to be called: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_

Languages spoken: \_\_\_\_\_

## Section 02: Questionnaire

What are your reasons for wanting to volunteer on this trip?

Describe any previous travel experiences you have had, including date and purpose of travel.



Although no specific skills are required of participants in Xperitas programs, it is helpful to the team leader, other team members and the community you will be visiting to have some knowledge of a volunteer's interests and talents. Please describe any of your skills, areas of expertise, talents or interests, and one thing (craft, skill, etc.) that you have always wanted to do or learn how to do.

What one skill/talent would you be willing to teach or share with the community you will be visiting?

Is there anything else you would like us to know?

### Section 03: Media Permission and Release

Often people in your local community are interested in reading about experiences like yours. Upon your return, does Xperitas have your permission to submit an announcement of your participation to your local newspaper?  **yes**  **no**

If **yes**, please provide the name(s) of newspaper(s) in your local area:

\_\_\_\_\_

Trip photographs are often used in marketing materials such as newspaper articles, brochures, newsletters, or the website. At times, Xperitas uses photographs of unidentified participants in its publications. If you are willing to have your child or yourself included in such films or photographs, please sign the photo release below.

Yes, I give permission for myself (**Name**) \_\_\_\_\_ to be included in photographs representing Xperitas activities.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## Section 04: Medical Information and Emergency Contact

Indicate all medical and/or mental health conditions that could potentially affect your ability to travel or participate in activities on the Xperitas trip for which you are applying and/or any medical diagnoses of which Xperitas and your team leader should be aware. In addition, list all of your current medications and all allergies (including but not limited to food and medication allergies) and special dietary needs/restrictions. The purpose of this disclosure is solely for Xperitas to evaluate the eligibility of the applicant to participate in the trip. All medications, allergies and special dietary needs/restrictions must be managed by the applicant and must not require any special attention. Xperitas will use the information disclosed on this form only to the extent necessary to evaluate the eligibility of the applicant and to inform team leaders of the applicant's relevant medical information.

Xperitas reserves the right to request further information regarding the applicant's medical condition and the information disclosed below for the purpose of evaluating the eligibility of the applicant. Xperitas may deny the application of an applicant or unenroll an applicant who does not disclose all of the information requested here. Regular cancellation fees will apply.

Medical/mental health conditions/diagnoses:

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Current Medications:

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Allergies (including but not limited to food and medication):

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Special dietary needs/restrictions:

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I, the undersigned, acknowledge and confirm that I have fully disclosed all of the information requested above and have taken the necessary health precautions before participating on this Xperitas trip.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### IN CASE OF AN EMERGENCY, CONTACT:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_



**Section 05: Passport Information**

For trips outside the United States:

Xperitas purchases emergency medical and evacuation insurance for all participants traveling to countries outside the U.S. The cost of this insurance is included in your trip fee. *Note: If you would like to extend your coverage for travel beyond the Xperitas trip dates there will be an additional fee.*

Passport Number: \_\_\_\_\_

Date of Issue: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

Authority (Location): \_\_\_\_\_

Departure Date: \_\_\_\_\_ Return Date: \_\_\_\_\_

Beneficiary: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Beneficiary's Address: \_\_\_\_\_

Vaccination and inoculation requirements change frequently. Xperitas requires that each participant contact a health professional and/or one of the following agencies for the most current information on health requirements and recommendations for the country he/she will be traveling to:

\* Centers for Disease Control, Atlanta, GA: (888) 232-3299 or <http://www.cdc.gov>

\* Contact your local travel clinic



## Section 06: Community Partnerships Trip Agreement

By signing this agreement, Applicant and Guardian acknowledge that there are dangers in traveling, and as such Applicant participates at his/her own risk and assumes full responsibility for personal injury and property damage caused to himself/herself which arises out of such inherent danger.

As consideration for the Applicant's participation in the Xperitas program, it is further expressly agreed by Applicant and Guardian that Xperitas, its directors, officers, team leaders, agents, and representatives (collectively referred to as Released Parties) shall not be liable for any claims, demands, injuries, damages, actions or causes of actions, whatsoever made or incurred by Applicant or his/her property arising out of or connected with the preparation of a Xperitas trip, the actual trip itself or post-trip activities, use of any services or facilities of Xperitas or the premises where same are located, delays, substitutions of equipment, or any act or omission whatsoever, brought about by any airline, hotel, car rental company, government agency, or any other individual, organization or corporation, their agents or employees. Furthermore, Applicant and Guardian do hereby expressly forever release and discharge Released Parties from all such claims, demands, injuries, damages, actions or causes of actions, and from all acts of passive or active negligence on the part of the Released Parties.

As further consideration for the Applicant's participation in the Xperitas program, Applicant and Guardian agree to indemnify and hold harmless the Released Parties from all claims, judgments, and costs, including attorney's fees, incurred in connection with any such claims, demands, actions or causes of actions brought by or on behalf of Applicant or Guardian.

In addition, Applicant recognizes that he/she is traveling as a tourist and, while on site, will be the guest of the local people and the sponsoring organization. Consequently, the Applicant agrees to abide by all applicable rules of the sponsoring organization, and the laws of the government in the places of the program offering. The Applicant and Guardian agree to indemnify and hold harmless the Released Parties from all claims, demands, injuries, damages, actions or causes of actions resulting from Applicant's failure to abide by such rules and laws.

The law of Minnesota shall control all questions relating to the construction, operation, validity, and performance of this Agreement. In the event any provision of this Agreement is held to be invalid or too broad to permit enforcement to its full extent, then such provision and the remaining provisions shall be enforced to the maximum extent permitted by law.

**I have carefully read this Agreement, agree to its terms and have made a photocopy.**

Applicant's Signature : \_\_\_\_\_ Date: \_\_\_\_\_

Guardian Signature (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_

**Email\* your completed application to [brooke@xperitas.org](mailto:brooke@xperitas.org) or mail your application with your deposit to: Xperitas, 129 North 2nd St., #102, Minneapolis, MN 55401.**

**\* We will contact you for the deposit when we receive your application by email.**

