

International Team Travel Application Packet

TEAM MEMBER RIDER: Project Restore International trips are not vacations. The Project Restore Board of Directors, investors and volunteers hold the organization and its traveling team to a high standard of excellence. Project Restore international Team members are those who are caring, compassionate, hard working, flexible and enjoy helping others. You will be expected to be respectful, active, optimistic, encouraging, reliable and diligent. If you have personality traits other than these, or you overly rely on personal comfort (air conditioning, hot water, internet, cell phone service ...) you should reconsider traveling with Project Restore on an international trip.

YOUR CHECK LIST:

- Completed Application** -(team covenant, team contract, adult release, application, medical and dental forms)
- Copies of your Dental and Medical Insurance Cards**
- Copies of the Additional Travelers Insurance Coverage**
- Copy of your Passport**
- Register with the U.S. Embassy**
- Copy of your Flight Itinerary**
- You have Read and Understood the African Information Packet**
- Per person fee paid in its entirety**

Process:

- 1) You must completed and turn in all of the attached forms: team covenant, team contract, adult release, application, medical and dental History and examination forms. Do not turn in any forms independent of the packet.
- 2) A copy of your passport, extended international travel insurance coverage and medical/dental insurance card must also be included in your application packet
- 3) TRIP DEPOSIT - The deposit of \$600 should be submitted with your application packet. The trip per person fee is due no later than 1 month prior to departure. Failure to submit final payment on a timely basis may result in the participant being dropped from the trip roster and prior deposits not being refunded.
- 4) Member Selection – While we make a serious effort to accommodate every volunteer, at times we might receive more applications than space allows for a certain trip and personal interviews may be requested. Team members are selected based on the specific work projects for the trip and the expertise/talent they bring to support those projects. Acceptance on an international project with Project Restore is not an automatic.
- 5) Attendance of all informational trip meetings is mandatory, either in person, conference call or SKYPE.
- 6) Team Camaraderie meetings are not mandatory
- 7) YOUR HEALTH AND WELFARE - If you have physical limitations, apply for a trip in which you are physically able to participate. Medical approval is required to attend international trips. Some trips may be prohibitive for certain physical conditions. Make sure your physician and the Project Restore

team leader are aware of any conditions. Team members assume the responsibility, liability and expense for their personal health decisions while traveling to/from and while in-country.

- 8) Read all directions on each page carefully before completing the application. All forms in this application packet must be completed in full prior to submission. Any questions should be addressed to info@project-restore.org

TEAM COVENANT

If accepted to the international Project Restore project team, I agree to:

1. Remember that I am representing Project Restore Inc. I will model my performance, actions, manners, conduct and attitude with the utmost professionalism.
2. Register with the US Embassy
3. Obtain traveler's Insurance
4. Ensure I am up-to-date with all of my US routine vaccinations as well as the immunizations needed for traveling to Uganda, Africa
5. Adhere to the outlined dress code
6. Remember that I am a guest working at the invitation of my hosts.
7. Remember that we have come to learn, as well as to teach. I'll resist the temptation to inform our hosts about 'how we do things' I'll be open to learning about other people's methods and ideas.
8. Refrain from comments, jokes or complaints about the sights, smells (including body odor), accommodations, or food while in-country.
9. Be respectful of my hosts, nationals, team mates and Project Restore leaders.
10. Remember not to be exclusive in my relationships. I will make every effort to interact with all team members.
11. Refrain from any activity that could be construed as romantic interest in a national or teammate.
12. Refrain from illegal drugs and be modest in any consumption of alcoholic beverages.
13. Understand and authorize that a possible background and/or sex offender checks may be completed on me.
14. Remember to always move about in 'twos' and not to leave the work sites without a Project Restore leader knowledge and an appropriate leader or national escort.
15. Refrain from leaving the hotel or host home in the evenings.
16. Refrain from the use of inappropriate or obscene language.
17. Refrain from the teaching or practice of any belief that would not be endorsed by Project Restore. See your trip leader with any questions on this point.
18. Refrain from wearing any body piercing jewelry. Women may wear earrings.
19. Cover tattoos
20. Refrain from any discussions of bringing any nationals to the U.S., for any reasons. (Adoption, schooling, visits...)



Please be advised that the lack of compliance may result in the removal of your participation in international projects, being sent home at your expense, and for critical violations, Project Restore shall seek to enforce this covenant to the fullest extent allowed under the law. Violators may be prosecuted either criminally or civilly.

I certify that I have read, understand and agree with the above Process and Team Covenant information.

Printed Name

Signature

Date

TEAM CONTRACT

The Project Restore Governing Board of Directors would like to clearly convey the expectations for individuals attending this international trip. You were selected and permitted to attend this trip because of the talent, support, strength and/or the expertise that YOU bring to aid in the achievement of the defined projects and initiatives of this trip.

While on this trip, you will be representing Project Restore Inc. Thus, your behavior and actions must always reflect Project Restore's values and goals. The foremost directive of the Project Restore Board is to be very clear upon is the fact that you are a guest; a guest in the visiting country, the village, the host family and a guest of Project Restore Inc. Your decisions, actions, posture, and attitude should by no means deviate from this basic directive. You will be expected to continually show humility and self-control and constantly be helpful and encouraging to, but not limited to; the nationals, children, village leaders, team leaders, and teammates. You will not, under any circumstances and in anyway, put Project Restore, its projects, initiatives, dealings and/or relationships in jeopardy. You will be required to be prudent and sensible in your decisions, actions and language.

Also, leaders for each project and initiative have been identified for this trip. These leaders have spent many months and numerous hours defining their specific project scope. The leaders have worked diligently with the Project Restore Board and the in-country representatives that support their project. There may be details that you are not fully aware of. Given this, you will be expected to refrain from giving any project direction, definition, control, guidance or management to nationals or team mates, unless specifically expressed to do so from a Project Restore team leader. You will, at all times, refer and communicate all questions, comments, concerns and/or ideas to the appropriate Project Restore leader for appropriate project management.



Please be advised that the lack of compliance may result in the removal of your participation in international projects, being sent home at your expense, and for critical violations, Project Restore shall seek to enforce this contract to the fullest extent allowed under the law. Violators may be prosecuted either criminally or civilly.

Printed Name

Signature

Date

Adult – Release and Indemnification Agreement

In consideration of the undersigned’s registration packet for participation in a international trip sponsored by Project Restore, Inc. of Glen Carbon, Illinois, (“the Company”) and as an inducement to organizing the international trip and permitting the undersigned’s participation agrees as follows:

The undersigned hereby fully and forever releases and waives and agrees not to cause to be brought any and all claims, demands, actions, or causes of action of every possible kind and nature whatsoever the undersigned might assert, including without limitation, claims for personal injury, wrongful death, or property damage, whether or not absolute, known or unknown, or otherwise against the Company or any of its Directors, officers, employees, agents and volunteers (collectively referred to herein as the “Releasees”) by reason of, arising out of or relating to the undersigned’s participation in the Company international trip.

The undersigned further agrees to indemnify, defend and hold the Releasees harmless from damages, including, without limitation, special, incidental and consequential damages, losses or expenses suffered or paid, directly or indirectly, as a result of any and all claims, causes of actions, suits proceedings, demands, judgments, assessments, and liabilities, including reasonable attorneys’ fees incurred in litigation or otherwise, assessed incurred or sustained by or against the Releasees by reason of, arising out of or relating to the undersigned’s participation in a Company international trip.

The undersigned further agrees that this Release and indemnification Agreement (the “Agreement”) is binding upon the undersigned’s heirs, executors, administrators, assigns and legal representatives; that this Agreement releases all successors, assigns and legal representatives of



the Releasees; and that this Agreement is to be governed by the law of the Commonwealth of Illinois.

The undersigned further agrees that the execution of this Agreement is continuing in nature; it is the undersigned's knowing and voluntary act the undersigned does not intend to participate in the international trip until and unless the undersigned has had full opportunity to the undersigned's satisfactions to inspect and determine the scope of the international trip and receives information from the Company which bear on the undersigned's decision to participate; and the undersigned is under no duress or undue influence to execute this Agreement.

The undersigned hereby grants full permission to the Company to use any photographs, videotapes, motion pictures, recordings, or other records or documents of the international trip and to do so without notice or compensation to the undersigned. The undersigned acknowledges that the Company has made available information for additional health and death travel insurance. The undersigned assumes responsibility to pay any and all outstanding balances upon request by the Company; and agrees that any and all costs incurred by the undersigned during the international trip, including, without limitation, costs due to health and/or dental problems, emergencies and death, are the responsibility of the undersigned or estate of the undersigned.

The undersigned certifies that the information provided in the undersigned's information and application packets for participation in the Company international trip is true, complete and correct and acknowledges that the undersigned has read and understands this Agreement; that the undersigned has not relied in signing this agreement on any statement, oral or otherwise, by the Company; and that it is the undersigned's intention with this Agreement to make a complete, general and unconditional release of any and all claims whatsoever against the Releasees as set forth above.

IN WITNESS WHEREOF, the undersigned hereby executes this Agreement on the date set forth below:

DATE: _____

SIGNATURE: _____

PRINTED NAME:

Youth – Release and Indemnification Agreement

Undersigned enters into this Agreement as the parent or legal guardian of the below-named minor

In consideration of the undersigned's registration packet for participation in a international trip sponsored by Project Restore Inc. of Glen Carbon, Illinois, ("the Company") and as an inducement to organizing the international trip and permitting the undersigned's participation agrees as follows:

The undersigned hereby fully and forever releases and waives and agrees not to cause to be brought any and all claims, demands, actions, or causes of action of every possible kind and nature whatsoever the undersigned might assert, including without limitation, claims for personal injury, wrongful death, or property damage, whether or not absolute, known or unknown, or otherwise against the Company or any of its Directors, officers, employees, agents and volunteers (collectively referred to herein as the "Releasees") by reason of, arising out of or relating to the undersigned's participation in the Company international trip.



The undersigned further agrees to indemnify, defend and hold the Releasees harmless from damages, including, without limitation, special, incidental and consequential damages, losses or expenses suffered or paid, directly or indirectly, as a result of any and all claims, causes of actions, suits proceedings, demands, judgments, assessments, and liabilities, including reasonable attorneys' fees incurred in litigation or otherwise, assessed incurred or sustained by or against the Releasees by reason of, arising out of or relating to the undersigned's participation in a Company international trip.

The undersigned further agrees that this Release and indemnification Agreement (the "Agreement") is binding upon the undersigned's heirs, executors, administrators, assigns and legal representatives; that this Agreement releases all successors, assigns and legal representatives of the Releasees; and that this Agreement is to be governed by the law of the Commonwealth of Illinois.

The undersigned further agrees that the execution of this Agreement is continuing in nature; it is the undersigned's knowing and voluntary act the undersigned does not intend to participate in the international trip until and unless the undersigned has had full opportunity to the undersigned's satisfactions to inspect and determine the scope of the international trip and received information from the Company which bear on the undersigned's decision to participate; and the undersigned is under no duress or undue influence to execute this Agreement.

The undersigned hereby grants full permission to the Company to use any photographs, videotapes, motion pictures, recordings, or other records or documents of the international trip and to do so without notice or compensation to the undersigned. The undersigned acknowledges that the Company has made available information for additional health and death travel insurance. The undersigned assumes responsibility to pay any and all outstanding balances upon request by the Company; and agrees that any and all costs incurred by the undersigned during the international trip, including, without limitation, costs due to health and/or dental problems, emergencies and death, are the responsibility of the undersigned or estate of the undersigned.

The undersigned certifies that the information provided in the undersigned's information and application packets for participation in the Company international trip is true, complete and correct and acknowledges that the undersigned has read and understands this Agreement; that the undersigned has not relied in signing this agreement on any statement, oral or otherwise, by the Company; and that it is the undersigned's intention with this Agreement to make a complete, general and unconditional release of any and all claims whatsoever against the Releasees as set forth above.

IN WITNESS WHEREOF, the undersigned hereby executes this Agreement on the date set forth below:

DATE: _____ PRINTED NAME OF MINOR:

PARENT/ LEGAL GUARDIAN SIGNATURE:

PARENT/ LEGAL GUARDIAN PRINTED NAME:

Submit Application Packet to:

Project Restore, Inc.
Attn: International Projects

APPLICATION

- An application **must** be completed for each traveling member
- The information on this form will be kept confidential and is for use only by Project Restore, Inc.



Personal Data

Please print name as it appears on your passport or ID (Please print very clearly or type)

Legal name: _____
(Last) (First) (Middle)

Passport # _____ Exp Date: _____ Issue Date _____

Address: _____
(Street) (City) (State) (Zip)

Email Address: _____ Cell Phone: () _____

Home Phone: () _____ Work Phone: () _____

Driver's License # _____ Person and phone number to contact in case of emergency? _____

Family Members Traveling with you (each member needs to complete a trip application)

Names: _____

Medical Information Insurance Information

Name of insured _____ Relationship to Team _____
member _____

Birthdate _____ SS# _____

Name of employer _____ Work Phone _____

Address of employer _____ City _____ State _____ Zip _____

Insurance company _____ Group# _____ Policy/ID# _____

Ins. Co. Address _____ City _____ State _____ Zip _____

Copies of ALL your insurance card(s) must accompany this form.

Are you currently taking medication(s) Yes NO If yes list

(use additional sheet for medications listing if necessary)

Team Member Medical History

Physician _____ Office Phone _____

Yes No

1. Are you under medical treatment now?..... to or have

Explain: _____

2. List why you have been hospitalized for any surgical operation or serious illness within the last 5 yrs

3. Ever had a serious head/neck/back injury?.....

If yes, please explain _____

4. Do you use controlled substances?.....

If yes, please explain _____

5. Do you drink alcohol?.....

6. Do you use tobacco?.....

If yes, how many packs/day? _____

7. Women Only:

Are you pregnant/think you may be?.....

Are you nursing?.....

8. CIRCLE all that you are allergic

reactions to:

Local Anesthetics

Aspirin

Codeine

Sedatives

Iodine

Penicillin

Sulfa drugs

Erythromycin

Tetracyclines

Latex Rubber

Any Metals (Nickel,

Mercury _____)

Barbiturates

Other _____

10. Please circle items below if you have or have had any of the following

AIDS/HIV Positive	Cortisone Medicine	Hemophilia	Renal Disease
Alzheimer's Disease	Diabetes	Hepatitis A	Rheumatic Fever
Anaphylaxis	Drug Addiction	Hepatitis B OR C	Rheumatism
Anemia	Easily Winded	Herpes	Scarlet Fever
Angina	Emphysema	High Blood Pressure	Shingles
Arthritis/Gout	Epilepsy/Seizures	Hives/Rash	Sickle Cell Disease
Artificial Heart Valve	Excessive Bleeding	Hypoglycemia	Sinus Trouble
Artificial Joint	Excessive Thirst	Irregular Heartbeat	Spina Bifida
Asthma	Fainting/Dizziness	Kidney Problems	Stomach/Intestinal Disease
Blood Disease	Frequent Cough	Leukemia	Stroke
Blood Transfusion	Frequent Diarrhea	Liver Disease	Swelling of Limbs
Breathing Problems	Frequent Headaches	Low Blood Pressure	Swollen Ankles
Bruise Easily	Genital Herpes	Lung Disease	Thyroid Disease
Cancer	Glaucoma	Mitral Valve Prolapse	Tonsillitis
Chemotherapy	Hay Fever	Pain in Jaw Joints	Tuberculosis
Chest Pains	Heart Attack/Failure	Parathyroid Disease	Tumors or Growths
Cold Sores/Fever Blisters	Heart Murmur	Psychiatric Care	Ulcers
Congenital Heart Disorder	Heart Pace Maker	Radiation Therapy	Venereal Disease
Convulsions	Heart Trouble/Disease	Recent Weight Loss	Yellow Jaundice

11. List Psychiatric Care reasons, duration and care:

Team Member History

12. Have you ever had any serious illness not listed in the table on previous page? Yes___ No___

If yes, please explain_____

15. List Food Allergies: _____

16. List blood type _____

17. Any other medical information that is important for the Project Restore team leaders to know?

Authorization and Release

I certify that I have read and understand the above information to the best of my knowledge. The above questions have been accurately answered. I understand that providing incorrect information can be dangerous to my or my child's health during this international trip. I authorize Project Restore to release any information during the period of such international travel to any medical, third party, or health practitioners. In an emergency, I authorize permission to a licensed physician to hospitalize or anesthetize me, or perform surgery on me. I understand that every effort will be made to inform my emergency contact before these actions are taken. I understand that medical expenses may require direct payment by me. I agree to be responsible for payment of all services rendered on my behalf or my dependents.

X _____
Printed name of patient (or parent/guardian if minor)

X _____
Signature of patient (or parent/guardian if minor)

Other Information:

1) How would you rate your physical fitness? Excellent Good Fair Poor

2) How do you handle stress? Excellent Good Fair Poor

Do you or anyone in your family attending the international project have any type of criminal record?

Yes___ No___ If yes, please explain:_____

Prior International Project Experience (Attach additional sheets if necessary.)

Place(s): _____

Trip Year: _____

Duties/Assignments / Impact /

Medical History and Examination

To be completed by a licensed medical professional *Please type or print clearly.*

Physician/Medical Professional: This individual is considering a 10 day trip abroad to Uganda, Africa. Insufficient, inadequate, or improper information about medications or psychiatric, psychological, or other medical problems could endanger the individual's life or the lives of the other traveling team members while overseas.

Allergy and Psychiatric information is especially crucial for project placement and well-being.

The individual will be in temperatures of up to 100° F, without access to cooling centers or air-conditioning. The individual will be doing physical work/activity outside of 6-8 hours per day and walking 2-4 miles daily.

Applicant's Full Legal Name _____

Gender Male Female **Date of Birth** (e.g., 01/Jan/1999) _____

Address — Street _____

City

State

Postal Code

Medical History

1. How long has the applicant been the patient of the physician? _____

2. Has the applicant ever been diagnosed with or received treatment, attention, or advice from a physician or other practitioner for:

(circle all that applies)

- | | |
|---|------------------------------|
| a. Allergies | n. Liver disease/hepatitis |
| b. Anorexia/bulimia/other eating disorder | o. Mental disorders |
| c. Appendicitis | p. Menstrual disorders |
| d. Arthritis | q. Pneumonia |
| e. Asthma | r. Rheumatic fever |
| f. Bowel problems | s. Serious headache/migraine |
| g. Cancer | t. Stomach ulcer |
| h. Diabetes | u. Typhoid fever |
| i. Epilepsy/seizures | v. Urinary tract infection |
| j. Hearing loss | w. Vertigo/dizziness |
| k. Heart disease | x. Visual problems |
| l. Hernia | y. Eyeglasses/contact lens |
| m. Malaria | |

3. Has the applicant:

a. Had any surgical operation not revealed in question 2, or gone to a hospital, clinic, dispensary, or sanatorium for observation, examination, or treatment not revealed in question 2? **Yes** **No**

b. Taken any prescribed medication in the past six months? **Yes** **No**

c. Presented any history or current evidence of nervous, emotional, or mental abnormality, functional nervous breakdown, nervous fatigue, depression, suicide attempts, eating disorders, or antisocial behavior? **Yes** **No**

- d. To your knowledge, has ever used heroin, cocaine, marijuana or other hallucinogens, amphetamines, or other street drugs? **Yes** **No**
- e. Ever received treatment for or advice about a problem with alcohol or drug use, either from a physician/other practitioner or an organization that assists those who have an alcohol or drug problem? **Yes** **No**
- f. Had excessive weight gain or loss recently? **Yes** **No**
- g. Suffered chest pain, wheezing, shortness of breath, or fainting episodes? **Yes** **No**
- h. Suffered chronic diarrhea, vomiting, abdominal pain, or constipation? **Yes** **No**
- i. Exhibited chronic skin conditions (e.g., severe acne, eczema, psoriasis)? **Yes** **No**
- j. Suffered weakness of neurological or muscular skeletal system? **Yes** **No**

4. Physical Examination

Height: _____ Weight: _____ B/P: _____ BMI _____

5. Does today's examination show any abnormal findings for:

Head and neck	<input type="checkbox"/> Yes <input type="checkbox"/> No	Eyes, Ear, nose, throat, Skin	<input type="checkbox"/> Yes <input type="checkbox"/> No
Respiratory	<input type="checkbox"/> Yes <input type="checkbox"/> No	Heart (murmur, pressure)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hernias	<input type="checkbox"/> Yes <input type="checkbox"/> No	Lymph nodes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Extremities (muscular)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Skeletal system	<input type="checkbox"/> Yes <input type="checkbox"/> No
Neurological	<input type="checkbox"/> Yes <input type="checkbox"/> No	Abdomen (mass)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mental Health	<input type="checkbox"/> Yes <input type="checkbox"/> No	Nutritional	<input type="checkbox"/> Yes <input type="checkbox"/> No

I find the applicant:

- In good health and not suffering from any mental or medical condition(s) that would preclude participation in the trip.
- Suffering from mental or medical condition(s) as noted in my report that would preclude participation in the trip.

Additional Comments: _____

CERTIFICATION

I certify that I hold a valid current license to practice physician and am not an immediate relative of the patient, and that I have personally examined the applicant and reported my findings.

Physician's Name (print) _____

Physician's Signature (in blue ink) _____ Date: _____

Physician's address and Phone Number: _____



**Unaccompanied Minor
Letter of Authorization to Travel**

DATE: ____/____/____

TO WHOM IT MAY CONCERN:

I, _____ AUTHORIZE

_____ TO TRAVEL TO

_____.

THE PURPOSE OF THIS TRAVEL IS _____.

THE ANTICIPATED LENGTH OF STAY IS ____/____/____ TO ____/____/____.

THE NAME, ADDRESS, AND PHONE CONTACT OF THE PERSONS BEING VISITED IS:

PLACE OF TRAVEL: _____

MY NAME, ADDRESS AND PHONE CONTACT ARE:

SIGNATURE: _____

RELATION TO TRAVELER: _____

NOTARY: _____ SEAL:

MY COMMISSION EXPIRES ON: ____/____/____

Minors traveling without both of their biological parents will need a notarized *Unaccompanied Minor* form to travel out of the country. This form should not be turned into Project Restore and should stay with the identification paperwork of the responsible party traveling with the minor.



Follow Up Trip Evaluation Form

We appreciate your feedback. Please help us to evaluate the International Trip
(Attach additional sheets if necessary)

Name: (optional) _____

Trip Location _____ Dates _____

Section A: Evaluating your personal mission experience:

1. Was this your first International trip? Yes _____ No _____
2. What was your overall view of the trip? _____
3. Would you like to go on another trip? Why / Why Not? _____
4. What did you experience on this trip that might be beneficial information for future trips?

5. Evaluate the following areas of the mission trip logistics from a scale of 1 (poor) to 5 (excellent), having NA for non applicable items. This feedback will help us continue to grown and improve in mission trip development and execution. Score the items, which applied to your trip.

Pre-Trip Information and communication _____ Training and preparation for the trip _____

Travel Arrangements _____ Accommodations _____

Work site Project(s) organization _____ Cultural Immersion _____

Team camaraderie _____ Daily Organization _____

Supplies _____ Daily Schedule _____

Transportation _____ Leadership support and encouragement _____

Meals _____ Activities _____

Daily debriefing _____

Other: _____

Thank you for your time!