



A World Aware, Inc.
Team Member Application

Please Type or Print Legibly

Personal Information:			
Name		Address	
First		Street	
Middle		Apt #	
Last		City/State	
		Zip Code	
Email Address			
Primary Phone Number		Occupation/ Employer	
Cell Phone Number			
Country of Citizenship		What is your shirt size?	
Passport Number			
Name as on Passport			
Passport Expiration Date		For Insurance purposes: Name, Address & Phone of Beneficiary:	
Date of Birth			

May we add you to our email list? Yes - No

Project type Interested in: (Please Name Two) 1. 2.

Emergency Contact #1		Relationship	
Name		Address	
First		Street	
Middle		Apt #	
Last		City/State	
Phone Number		Zip Code	
Cell Number			
Email Address			
Emergency Contact # 2		Relationship	
Name		Address	
First		Street	
Middle		Apt #	
Last		City/State	
Phone Number		Zip Code	
Cell Number			
Email Address			

Dates that you are available to volunteer: _____

List any medical conditions, and or medications you take regularly.

Please use this space to briefly describe talents and skills that you believe would benefit a project team. List hobbies and interests also. This will help place you in a suitable team.

Acknowledgements:

AWA humanitarian trips are not vacations. AWA requires participants to be in mental condition and physically able to participate in projects chosen. Team members are expected to participate in scheduled activities including team building meetings prior to departure as well as events scheduled while sojourning with AWA.

I acknowledge that I have been told the cost of this project and understand that I will be given a payment schedule to follow. My signature denotes my agreement to pay this amount by the deadlines given. I understand that I am subject to losing my position on this team if I do not meet the deadlines or comply with AWA policies.

Deadlines are set in accordance to schedules that vary for each project. Therefore if I find it necessary to withdraw my commitment to this project, there will be no refund. Any solicitation of donations for personal spending money must be separate from AWA. Any monies given to AWA on my behalf that are in excess of project fees will go toward other project expenditures and be determined by AWA.

Any donations made payable to AWA may not be used for personal spending. The costs of AWA projects does not include passport fees, visa fees, exit taxes, medical costs, trip insurance, tips, or any other personal expenses that may be incurred.

I understand that AWA may require a medical statement form for my participation.

AWA does not guarantee project dates. In the event of political unrest, natural disaster or other concerns beyond AWA's control, AWA will decide if and where to send a team. Should AWA decide to cancel a trip, for any reason, team members will be assigned to another project of similar nature. AWA will make every effort to communicate any changes in schedules or changes in itineraries as they occur.

Team members, leaders, and staff are subject to and will adhere to AWA policies and are subject to disciplinary steps or dismissal from training or the project itself, at their own expense, for disregarding rules or inability to perform necessary disciplines. Team members, leaders, and staff participate at their own risk. Although not required, AWA recommends travel insurance and will assist in obtaining this for all team members at their expense.

RELEASE OF LIABILITY: I understand that no individual, person, group, organization or church is liable for any injury, damage, or loss that would be connected with this project trip. I agree to hold harmless and indemnify any person, group, organization or church free from all liability, claims, or expenses incurred due to my participation.

Privacy Policy: AWA does not share information outside of our organization and partnerships for any reason. The information collected is used to adequately serve team member needs while they are volunteering only and will not be sold or otherwise distributed.

The statements I have made on this application are true to the best of my knowledge. I also give AWA the right to use my picture, voice and/or testimony in any form of promotional or advertising materials.

My signature and/or that of my legal guardian signifies my approval of all limitations listed above. *(Minors must be accompanied by parent or Legal Guardian on out of country projects).*

Date _____ Signature _____ Please Print _____

Date _____ Guardian Signature _____ Please Print _____

Please include your non refundable application fee of \$200.00 made out to AWA, or A World Aware, Inc.

Send completed applications and your deposit to:

**A World Aware, Inc.
PMB 505
992 South 4th Avenue
Brighton, Colorado 80601**

For Office Use Only (DOR) _____