



# AHERO Missions Trip to Brazil

## APPLICATION FORM

### PLEASE PRINT

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

Preferred Name (If different from name on passport): \_\_\_\_\_

If you are under age 18, please provide name of accompanying parent (mandatory) \_\_\_\_\_

Home phone: \_\_\_\_\_ Work/Cell phone: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Country of passport: \_\_\_\_\_

Address: \_\_\_\_\_ Email address: \_\_\_\_\_

City: \_\_\_\_\_ Prov or State: \_\_\_\_\_ Postal or Zip Code: \_\_\_\_\_

Birth date: \_\_\_\_\_ (DD/MM/YY) Gender:  Male  Female

### PERSONAL HEALTH HISTORY

*Note: All information provided will be kept in strictest confidence; however anything pertinent will be shared with the Team Leaders who will have responsibility for you during your trip.*

Any current illness or mental/emotional conditions? Specify:

\_\_\_\_\_  
\_\_\_\_\_

Are you presently under the care of a doctor for any condition? Specify:

\_\_\_\_\_

Are you taking medication at this time? Specify: \_\_\_\_\_

Are you allergic to any medications? Specify: \_\_\_\_\_

Do you have any physical impairments, handicaps or health conditions which require special consideration? Specify: \_\_\_\_\_

Do you have any allergies that we should know of? \_\_\_\_\_

How would you rate your health?  Excellent  Good  Fair  Poor

If you chose "Fair" or "Poor" to describe your health, please explain why:

\_\_\_\_\_

MEDICAL/ TRAVEL INSURANCE IS MANDATORY. After your acceptance, we will require proof of adequate medical insurance. Note to Canadians: your basic Canadian Medical Service Plan is not adequate for travel outside of Canada – you will need to purchase a ADDITIONAL short-term travel insurance policy.

**PERSONAL INFORMATION**

How did you hear about this Mission Trip?       Friend                                       Conference  
 Advertisement                                       Web page  
 Other \_\_\_\_\_

What are your reasons for wanting to participate in this trip? \_\_\_\_\_  
\_\_\_\_\_

If you attend a local church, please provide the name: \_\_\_\_\_

Do you speak any languages other than English? (Please specify) \_\_\_\_\_

Accommodation is based on double occupancy.  
If you have a room mate request, please provide us with his/her name: \_\_\_\_\_

**EMERGENCY CONTACT**

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Full Address: \_\_\_\_\_

Contact Phone number(s): \_\_\_\_\_ (day) \_\_\_\_\_ (evening)

Signature of Parent if under 18: \_\_\_\_\_

**MEDIA RELEASE**

During the missions trip photographs and video footage may be taken, and subsequently used in advertising, promotional materials, web page and publications etc. In signing below you fully authorize BE A HERO and affiliates to use video or photographs taken of you any time during this trip.

I authorize BE A HERO and affiliates to use any photographs or video footage of me.

Signed: \_\_\_\_\_

Signature of Parent if under 18: \_\_\_\_\_

**ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY**

I understand that the fees must be paid in full April 4, 2011, and that my deposit will be forfeited if payment and other mandatory documents are not received by this date.

Signature \_\_\_\_\_ Date \_\_\_\_\_ (DD/MM/YY)

*Note regarding personal expenses:* All personal expenses are your responsibility eg: meals, sundries, phone calls, medical fees, spending money and laundry expenses and anything else not explicitly included as per the Details sheet.

## **FEES**

I enclose \$100.00 USD deposit, and agree to pay the balance of \$850.00 USD by April 4, 2011.

I understand that if I choose to drop out of the trip my deposit will not be refunded.

Payment accepted by cheque or credit card. You may also pay securely on-line at [www.beahero.org/give](http://www.beahero.org/give) (choose project/program category, and "Brazil 2011 trip" from the drop-down list)

Note re: credit cards – a 4% surcharge will be added to payment made by credit card.

Signed: \_\_\_\_\_

Signature of Parent if under 18: \_\_\_\_\_

## **PLEASE RETURN COMPLETED APPLICATION TO**

BE A HERO Head Office  
Box 25077 Mission Park  
Kelowna, BC V1W 3Y7

## **FOR FURTHER INFORMATION**

Phone: (250) 717-1003

Fax: (250) 717-1013

Email: [admin@beahero.org](mailto:admin@beahero.org)