

Friends of Fresh and Green Inc. Volunteer Application and Travel Waiver

Personal Information

Name

Last First Middle

Address

City

State

Zip

Phone Number

Email Address

Date of Birth

Passport Number and Country of Issue

Previous Volunteer Work

Educational Background

Employment Information

Employer Name

Occupation/Title

Phone Number

Email Address

Previous Employer

Occupation/Title

Phone Number

Email Address

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Medical Information

Do you have any medical conditions or physical disabilities that may limit you on this mission? _____

If YES, what are they?

List any prescription drugs you are taking.

List any known allergies (including food allergies) or chronic life threatening conditions.

Emergency Contact

Last First Middle

Address City State Zip

Phone Number

Relationship

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Written Application Questions (Use back page if necessary)

1. How did you become familiar with Friends of Fresh and Green?
2. Explain why you want to join Friends of Fresh and Green on our Mission.
3. Share with us any travel or mission-related experiences you have had that may be of value while traveling with our mission?

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Team Members must limit themselves to one carry-on bag only. All checked baggage allowance is reserved for children's clothing and school supplies.

There are certain risks associated with the mission such as, but not limited to, dehydration, parasites, and physical injury. Any needed medical care is the responsibility of the volunteer.

Behavior on this mission needs to be representative of the goals of Friends of Fresh and Green Inc. and Friends of Fresh and Green Inc. will not be held responsible for repercussions resulting from inappropriate actions.

I understand there are risks that I must take when entering Ethiopia and Friends of Fresh and Green Inc. will not be held responsible for any injury, illness or loss of personal items.

I hereby affirm that the information provided on this application is true to the best of my knowledge and agree to have any of these statements verified by the organization. I understand that providing any false or misleading information may disqualify me from further consideration as a volunteer. I affirm, to the best of knowledge, I am in good health and fit for travel to Ethiopia.

Signature (Parent/Legal Guardian if under 18)

Date

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