



Rebuilding Villages and Restoring Hope in Kenya and Uganda  
450 N. Syndicate Street, Suite 290, St. Paul, MN 55104 | 651.789.5606  
giveuswings.org | facebook.com/giveuswings | @give\_us\_wings

---

**JUNE 2016 UGANDA TRIP APPLICATION  
PART II, DUE WITH ½ OF THE REMAINING TRIP FEES  
(Due May 13, 2016)**

**NAME:** \_\_\_\_\_

**TELEPHONE:** (home) \_\_\_\_\_ (cell) \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

---

**I. HEALTH (TRAVELER'S) INSURANCE (required)**

a. Company Name: \_\_\_\_\_

b. Company Phone Number: \_\_\_\_\_

c. Company Address: \_\_\_\_\_

d. Policy Number: \_\_\_\_\_

**II. PHYSICIAN / CLINIC IN THE U.S.**

a. Name of Physician/Clinic: \_\_\_\_\_

b. Address: \_\_\_\_\_

c. Phone: \_\_\_\_\_

**III. ALLERGIES**

a. List of all allergies:

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

b. Do you use an EpiPen: \_\_\_\_\_

**IV. BLOOD TYPE**

a. List your blood type: \_\_\_\_\_

**V. SPECIAL NEEDS**

a. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VI. MEDICATIONS AND FREQUENCY TAKEN**

a. Medications	Frequency / Dosage
_____	_____
_____	_____
_____	_____
_____	_____

**VII. PLEASE PROVIDE 2 PHOTOCOPIES OF YOUR PASSPORT PAGES WITH YOUR PHOTO AND PERSONAL INFORMATION.**

**VIII. PLEASE ANSWER THE FOLLOWING QUESTIONS AND ATTACH TO THIS APPLICATION**

- a. Describe your previous travels including where, when and purpose of your travel.
- b. What are your reasons for volunteering on this trip?
- c. What are your concerns, fears or hesitations about this trip?

I hereby attest that the information on this form and attachments is accurate:

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

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