



APPLICATION FORM

Instructions

To complete this application, form you will need to do the following:

1. Complete a New Zealand Police Check.
2. Complete this Application Form.
3. Attach a photocopy of your passport.
4. Return your form, police check, and passport details to your leader.
5. Pay your deposit.
6. Start fundraising!

NAME: _____

POLICE CHECK NUMBER: _____

BIOGRAPHICAL INFORMATION

Full legal name as it appears on Passport:	
Birth Date:	
Country of Birth:	
Passport Number:	
Place of Issue:	
Expiration Date:	
Current Address:	
Email Address:	
Phone Number:	

EMERGENCY CONTACT INFORMATION

Primary Emergency Contact

Name of Emergency Contact #1:	
Relationship:	
Home Address:	
Email Address:	
Phone Number:	

Secondary Emergency Contact

Name of Emergency Contact #2:	
Relationship:	
Home Address:	
Email Address:	
Phone Number:	

HEALTH INFORMATION

Check your answer for each of the following, giving any necessary explanations for "Yes". Please note all information is for your safety and will be kept confidential.

	Yes/No	Notes
Are you taking any medication under a doctor's direction?		
Do you require a special diet?		
Do you have any chronic health problems or physical limitations?		
Is there any reason you would not be able to engage in rigorous outdoor activity, simple living, high altitudes, extreme temperatures, etc?		

Please list any additional medical conditions that you have:

Please list any allergies and reactions that you have:

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Blood Type:

Last Tetanus Injection:

Insurance Information

Policy Number:

Contact Number:

Preferred Medical Facility

MEDICAL EMERGENCY (ALL PARTICIPANTS)

In the event of an accident or illness, I authorise the Team Leader to consent, where it is impractical to communicate with me or my parents (if under the age of 18) to receive a X-Ray examination, anaesthetic, medical, surgical or hospital treatment as may deemed necessary by a licensed physician and/or surgeon.

Signed:

Date:

Relationship: Father/Mother/Guardian/Self

EDUCATION AND EXPERIENCE

Please note the following information is for the purpose of helping us organise the type of activities that will take place during the trip.

What is your current occupation?	
List any specialized skills, training or certifications:	
Do you play any musical instruments?	
Please list any skills (any work and non-work related) that you think may benefit the team.	

Do you have any experience in the following areas:	Yes/No
Public Speaking	
Children's Ministry/Activities	
Videography/Photography	
Other	

TRAVEL EXPERIENCE

	Yes/No
Have you travelled internationally before?	
Would you feel comfortable in any type of living situation? (E.g. shared accommodation, sleeping on the floor, in a grass hut or being exposed to extreme poverty)	

What do you hope to gain from being part of an ADRA Connections NZ trip?

Consent and Release Form for ADRA Connections Under 18 years

Parent/Legal Guardian approval must be given (below) for participants under the age of 18 years old.

Furthermore, an ADRA Connections Guardian who is at least 25 years of age must assume full responsibility for this participant for the full duration of ADRA Connections trip.

Name of trip: _____ Country: _____

PARENT/LEGAL GUARDIAN

I _____ (Parent/Legal Guardian) agree that
_____ (ADRA Connections Guardian's Full
Name) who is my _____ (Relationship of Guardian to Participant)
will assume full and legal responsibility for
_____ (Participant) for the entire duration of the ADRA
Connections Trip).

Parent's Full Name _____

Signature of Parent _____

Date: _____

ADRA CONNECTIONS TRIP GUARDIAN

I _____ (ADRA Connections Guardian's Full Name)
assume full and legal responsibility for _____ (Participant) who
is my _____ (Relationship of ADRA Connections Guardian to
Participant) for the entire duration of the ADRA Connections Trip. I am aware in signing this
document that I accept full responsibility for this participant.

Guardian's Full Name _____

Date of Birth _____

Signature of Guardian _____

Date: _____

**Please return to your trip leader or ADRA New Zealand: PO Box 24-111 Royal Oak,
Auckland 1345, or scan to info@adra.org.nz**