



Application for 2020

Legal Name *first/middle/last* (print) _____
(as it appears on your Passport)

Date of birth _____
Month Day Year

E-mail _____

Home Address _____

Cell Phone _____ Home Phone _____ Work Phone _____
City State Zip

Emergency Contact: _____ Phone: _____
(someone that is not traveling with you)

New applicants - Reference: _____
Phone: _____

2020 trip schedule;

Please select all that apply

Island arrival and island departure dates are listed

_____ **Dominica, Vieille Case** February 6 – February 22, Team Leader Duane Braid (Trip duration: 16 days)

_____ **I would like to be considered for one of the \$450.00 scholarships!**

We will request an interview with all potential scholarship awardees. Thank you for your time and interest.

_____ Preferred departure airport (**do not leave this blank**)

PLEASE initial below that you have reviewed the following information online: www.goodnewswi.com/globally/apply-to-volunteer/

_____ I printed and read the *Guidelines for 2020* AND **included a signed copy with this application.**

_____ I printed and read the *Indemnity Agreement* AND **included a signed copy with this application.**

_____ I have read the *Team Member Health History Form* AND **included a signed copy w/ this application.**

_____ I have completed the Individual Skills Survey on the back of this application.

_____ I have watched the Good News Project's video (or read the three page document) on zika and other tropical diseases and risks. I have gone to wwwnc.cdc.gov/travel/page/travelers-vfr-chikungunya-dengue-zika to review the most current health information regarding traveling in the West Indies. By going on this trip I acknowledge the risks associated traveling to the Caribbean on this trip and accept the risks associated with such travel.

_____ I have read the document *Working with Vulnerable Populations* found on the GNP website.

_____ I have reviewed the *Alcohol Policy* found on the GNP website and agree to abide by it.

Signature _____ date _____

We ask that all travelers wear a GNP nametag when on the island, and a blue GNP polo shirt while traveling.

Do you need a permanent name tag? ____ **Yes** ____ **No** Name to be printed as: _____

Do you need a blue polo shirt? ____ **Yes** ____ **No** **Size** _____ (we offer men's and women's styles, plan accordingly)

Occupation/Experience: _____

(now or before retirement)

If available, do you want to spend time with the elderly, visit a hospital or plan an activity for children?

Do you have proficiency in an area that may benefit others? Think about how you spend your time currently at work, home or with hobbies? Are there skills, either listed below or not, that you would like to describe in more detail.

INDIVIDUAL SKILLS SURVEY SHEET

Please use the terms below to describe your areas and level of skill. The more we know about your team, the more effectively your talents can be used.

Construction Skills

_____ Carpenter
_____ Heavy lifting (over 50 lbs.)
_____ Contractor
_____ Door/Window Installer
_____ General Helper
_____ Engineer
_____ Painter
_____ Plumber
_____ Roofer

Community and Human Service Skills

_____ Counseling
_____ Children/Youth Education
_____ Counseling-Mental Health
_____ Crisis Intervention
_____ Food Preparation
_____ Nursing/Medical
_____ Elderly Outreach
_____ Program Planning
_____ Tech/ Social Media Savvy

Construction Skill Levels

U- Physically Unable
A - Willing Helper
B - Volunteer with Experience
C - Professional/ Trained

Human Service Skill Levels

A. - Willing Helper
B. - Volunteer with Experience
C. - Professional/ Trained

Please return one application for each volunteer, along with a \$200 deposit per person

Your deposit is non refundable unless Good News Project cancels the trip. Deposit is transferable to a future GNP trip if your cancellation occurs greater than 90 days from the original travel departure date.

Please make checks payable to;
Good News Project 1106 Fifth Street, Wausau, WI 54403 USA
Phone: 715-843-5985 email: megan@goodnewswi.com

NOTE: Volunteers are accepted based on the type of projects that need to be accomplished and skills that are needed for each group.

Applicant Signature: _____

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