



# International Trip Application

GENERAL APPLICATION FORM > PAGE 1 OF 2

FILL OUT ALL APPLICABLE FORMS CLEARLY IN INK AND RETURN TO HUNGRY FOR LIFE OR YOUR TEAM LEADER ALONG WITH A CLEAR, COLOUR PHOTOCOPY OF PAGES 2 AND 3 OF YOUR PASSPORT.

## GENERAL INFORMATION

> Church / Group: \_\_\_\_\_ Trip Dates: \_\_\_\_\_

Name (FIRST, LAST): \_\_\_\_\_

Birthdate (MM/DD/YYYY): \_\_\_\_\_ Sex: ☐ male ☐ female

Address (STREET/CITY/PROV./P.C.): \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_ ☐ cell ☐ work

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

## PASSPORT INFORMATION

> Name as shown on passport: \_\_\_\_\_

Country of citizenship: ☐ Canada ☐ Other: \_\_\_\_\_

Passport number: \_\_\_\_\_ Expiry date: \_\_\_\_\_

(Ensure that your passport is valid until a minimum of 6 months after the trip's scheduled return date and remember to include a clear, colour photocopy of pages 2 and 3 with this application form.)

## OTHER INFORMATION

> Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Time spent at current company: \_\_\_\_\_

Languages spoken: \_\_\_\_\_

First Aid or medical experience qualifications: \_\_\_\_\_

\_\_\_\_\_

Other areas of expertise: \_\_\_\_\_

\_\_\_\_\_

Family members accompanying you on this trip:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

# Hungry For Life International Trip Application

GENERAL INFORMATION FORM > PAGE 2 OF 2

GENERAL QUESTIONS > List your personal strengths and skills useful for this project/trip:

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List your weaknesses: \_\_\_\_\_

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Explain why you would like to participate on this project/trip:

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Explain how you feel you will be able to further the objectives of this project/trip:

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List some personal goals you would like to accomplish by participating in this project/trip:

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List previous international experience:

Where: \_\_\_\_\_ What: \_\_\_\_\_ When: \_\_\_\_\_

Where: \_\_\_\_\_ What: \_\_\_\_\_ When: \_\_\_\_\_

List your spiritual/religious belief: \_\_\_\_\_

If you attend a church, please list which one: \_\_\_\_\_

Have you ever been arrested or charged with any criminal offense in any country? ☐ yes ☐ no

SIGNATURE > I declare by my signature below that:

☐ I am willing to participate in the project activities by 'spending myself on behalf of the hungry.'

☐ I am willing to submit to the authority of the HFL staff member and agree to work harmoniously with my team to accomplish the objectives of the project. I desire to be culturally sensitive to the people we serve.

☐ I understand that due to circumstances outside of Hungry For Life's control, I, or any other individuals, cannot be refunded for funds given for this trip.

☐ I understand that all on-field communication is strictly limited and will flow through the HFL office while I am away.

☐ I give HFL permission to use for promotional purposes, any photographs and video footage taken of me, as well as any of my spoken and written words. If I choose to share photos and videos that I have taken, I give HFL permission to use them for promotional purposes.

☐ I will consult a physician regarding taking appropriate precautions and vaccinations regarding travel medical risk.

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Hungry For Life International Trip Application

## EMERGENCY CONTACT & MEDICAL FORM

### GENERAL INFORMATION

Church / Group: \_\_\_\_\_ Trip Dates: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Birthdate (MM/DD/YYYY): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_ ☐ cell ☐ work

Doctor's Name: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

Medical Card Number: \_\_\_\_\_ Province Issued: \_\_\_\_\_

### EMERGENCY CONTACTS

Please ensure that the following emergency contacts are available during the trip.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_ ☐ cell ☐ work

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_ ☐ cell ☐ work

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

### MEDICAL INFORMATION

Are you taking any prescription medications? ☐ no ☐ yes If yes, please describe below:

MEDICATION

MEDICAL CONDITION OR REASON FOR USE

_____	_____
_____	_____
_____	_____

Do you have any other medical conditions that you are not taking prescription medication for?

☐ no ☐ yes If yes, please list conditions: \_\_\_\_\_

\_\_\_\_\_

Do you have any allergies or dietary requirements? ☐ no ☐ yes (specify): \_\_\_\_\_

\_\_\_\_\_

(Be sure to bring your own allergy medication and prescription drugs in their original containers.)

SIGNATURE > I declare by my signature below that:

☐ All information is correct and I have disclosed all known medical conditions.

☐ I have read the "Medical Insurance: What's not covered" document on the next page and understand the limitations of my medical insurance coverage.

☐ I understand that all the information I have provided will be kept confidential.

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Hungry For Life International Trip Application

## MEDICAL INSURANCE: WHAT'S NOT COVERED

### I - Exclusion Related To Your Pre-Existing Medical Condition

This insurance does not pay for any expenses incurred directly or indirectly as a result of:

- 1 Your medical condition or related condition (whether or not the diagnosis has been determined), if at any time in the 90 days before you depart on your trip, your medical condition or related condition has not been stable.
- 2 Your heart condition (whether or not the diagnosis has been determined), if at any time in the 90 days before you depart on your trip:
  - a) any heart condition has not been stable; or
  - b) you have taken nitroglycerin more than once per week specifically for the relief of angina pain.
- 3 Your lung condition (whether or not the diagnosis has been determined), if at any time in the 90 days before you depart on your trip:
  - a) any lung condition has not been stable; or
  - b) you have been treated with home oxygen or taken oral steroids (prednisone or prednisolone) for any lung condition.

### II - General Exclusions

This insurance does not cover any loss, claim or expense of any kind caused directly or indirectly from:

- 1 Any medical condition if any answer provided in your medical questionnaire is incorrect, in which case the policy is voidable and the premium paid is refundable at our option.
- 2 The continued treatment, recurrence or complication of a medical condition or related condition, following emergency treatment of that condition during your trip, if the medical advisors of Assured Assistance Inc. or RBC Insurance Company of Canada determine that you were medically able to return to your home country and you chose not to return.
- 3 The treatment of any heart or lung condition, following emergency treatment for a related or unrelated heart or lung condition during your trip, if the medical advisors of Assured Assistance Inc. or RBC Insurance Company of Canada determine that you were medically able to return to your home country and you chose not to return.
- 4 Your intentional self-inflicted injury, suicide or attempt to commit suicide (whether sane or insane).
- 5 Your commission of a criminal act or your direct or indirect attempt to commit a criminal act.
- 6 Any medical condition arising from, or in any way related to, your chronic use of alcohol or drugs whether prior to or during your trip.
- 7 Your abuse of medication, drug or alcohol or deliberate non-compliance with prescribed medical therapy or treatment whether prior to or during your trip.
- 8 Your mental or emotional disorders.
- 9 Any treatment that is not emergency treatment.
- 10 Your participation as a professional athlete in a sporting event.
- 11 Your participation in rock climbing or mountain climbing.
- 12 Your participation in a motorized race or motorized speed contest.
- 13 Any medical condition if you undertake your trip with the prior knowledge that you will require or seek treatment, surgery, investigations, palliative care or alternative therapy of any kind, regardless of whether the treatment, surgery, investigations, palliative care or alternative therapy is related in any way to the medical condition.
- 14 A medical condition for which future investigation or treatment (except routine monitoring) is planned before your effective date.
- 15 A medical condition for which it was reasonable to expect treatment or hospitalization during your trip.
- 16 a) Routine pre-natal care,  
b) a child born during your trip,  
c) pregnancy, childbirth or complications of either, occurring in the 9 weeks before or after the expected date of delivery.
- 17 Symptoms which would have caused an ordinarily prudent person to seek treatment or medication in the 90 days before your effective date.
- 18 Treatment or surgery for a specific condition, or a related condition, which:
  - a) had caused your physician to advise you not to travel; or
  - b) you contracted in a country during your trip when, before your effective date, a written formal travel warning was issued by the Department of Foreign Affairs and International Trade of the Canadian government, advising Canadians not to travel to that country, region or city.
- 19 Any portion of the benefits that require prior authorization and arrangement by Assured Assistance Inc. if such benefits were not pre-authorized and arranged by Assured Assistance Inc.
- 20 Any medical condition, if the medical advisors of Assured Assistance Inc. recommend that you return to your country of residence following your emergency treatment, and you chose not to return.
- 21 War (declared or not), act of foreign enemies or rebellion.
- 22 Ionising radiation or radioactive contamination from any nuclear fuel or waste which results from the burning of nuclear fuels; or, the radioactive, toxic, explosive or other dangerous properties of nuclear machinery or any part of it.
- 23 Any portion of benefits up to the amount of your deductible per covered claim, if you have chosen a deductible option. You will be responsible for the deductible for each claim, and we will apply this deductible to any claim covered under this insurance in excess of your government health insurance plan coverage.

# Hungry For Life International Trip Application

## CODE OF CONDUCT

Hungry For Life International exists to inspire spiritual vibrancy and facilitate opportunities to know Jesus through worldwide compassion. Because of this mandate, and out of care and respect for how my behavior is interpreted by international host partners and cultures, I understand that Hungry For Life asks me to live a life that is above reproach<sup>1</sup> and consistent with biblical standards. Therefore, while participating on this Hungry For Life facilitated trip:

- › I commit myself to obey Jesus' commandment to His disciples<sup>2</sup> echoed by the Apostle Paul<sup>3</sup> to love and serve others. This includes respect for all people regardless of race, gender, status or stage of life. It precludes harming another person physically, emotionally or verbally, and instead means edifying others, showing compassion, demonstrating humility and patience, and considering the interests of others ahead of my own interests.
- › I commit myself to refrain from practices that are biblically prohibited explicitly or implicitly. Such practices include criminal violence<sup>4</sup>, drunkenness<sup>5</sup>, profane language<sup>6</sup>, involvement in the occult<sup>7</sup>, premarital sex<sup>8</sup>, living common law<sup>9</sup>, adultery<sup>10</sup>, homosexual behaviour<sup>11</sup> and dishonest practices such as cheating<sup>12</sup> and stealing<sup>13</sup>.
- › I commit myself to maintain the highest ethical standards and honesty<sup>14</sup>. I will make lifestyle choices with a high level of consideration for those around me<sup>15</sup>. I will maintain discreet inoffensive behavior in relationship to the opposite sex<sup>16</sup>, and will abstain from the use of illegal drugs or the habitual use of tobacco or alcohol<sup>17</sup>.
- › I am in agreement with this Code of Conduct and hereby commit myself to these disciplines for the duration of the trip.

1 › 1 TIMOTHY 3:1-7

2 › JOHN 13:34,35

3 › 1 CORINTHIANS 13; PHILIPPIANS 2:1-8

4 › ROMANS 13:8-10

5 › 1 CORINTHIANS 6:10; GALATIANS 5:21

6 › COLOSSIANS 3:8

7 › DEUTERONOMY 18:9-14; GALATIANS 5:19-20

8 › 1 THESSALONIANS 4:1-8

9 › HEBREWS 13:4

10 › EXODUS 20:14,17; 1 CORINTHIANS 6:9-11

11 › LEVITICUS 18:22;20:13; 1 CORINTHIANS 6:9-11; ROMANS 1:24-32

12 › LEVITICUS 6:2-7

13 › EXODUS 20:15; EPHESIANS 4:28

14 › MATTHEW 23:25-28

15 › 1 TIMOTHY 4:12

16 › 1 CORINTHIANS 6:12-20

17 › ROMANS 14

SIGNATURE › Your signature indicates your understanding of, and compliance with the above code of conduct for yourself, and any minor children accompanying you on this trip.

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Hungry For Life International Trip Application

## CRISIS POLICIES

### Crisis Management

It is the policy of Hungry For Life that in the event any of its members, their families, or its facilities are threatened by a significant crisis, a Crisis Management Team will be formed to handle the crisis through resolution and follow-up.

### Ransom and Extortion

It is the policy of Hungry For Life that ransom or other extortion should not be paid. If at all possible, alternative resolutions that do not involve payment of ransom or extortion should be sought during negotiations. The final decision on the payment of ransom or extortion, or the concession to other demands issued through hostage taking or extortion shall be made by the Crisis Management Team.

### Evacuation

It is the policy of Hungry For Life that the decisions to evacuate a particular area shall be made by the Crisis Management Team. If the emergency is sudden and normal communication to the Crisis Management Team are not possible, the Hungry For Life team leader may make the decision to evacuate if he/she feels that it would be unsafe to remain.

### Post-crisis Counseling

It is the policy of Hungry For Life that those personnel who have been directly involved in a crisis receive an opportunity to debrief with the Hungry For Life team leader, and/or Crisis Management Team. If necessary, HFL will provide the means to an evaluation from a qualified mental health professional. Any further professional treatment recommended may be pursued at the cost of the individual seeking counseling.

SIGNATURE > I declare by my signature below that:

- 1 I have read the above policy statements.
- 2 I understand and accept these statements of Hungry For Life for operational approach to crisis management.
- 3 I further give Hungry For Life permission to handle all negotiations on my behalf in the event that I am involved in a crisis situation, and to make any necessary decisions to insure the well-being of myself and/or my family.

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Hungry For Life International Trip Application

PROJECT WAIVER OF RIGHT AND RELEASE > PAGE 1 OF 2

As a relief organization that completes overseas projects, and given that dangers abound in the world we live in, Hungry For Life ("HFL") realizes that there are inevitable risks to staff and volunteers. These risks include serious physical injury, disease and even death. Some of our projects are based in countries with political situations that can become unstable or hostile to Westerners or Christians very rapidly, possibly resulting in temporary detention, even when no law has been broken. The potential for injury may be aggravated in some countries by primitive living conditions or health facilities. Moreover, the technology and wealth needed for modern means of transportation and communication may not be available at certain project locations, as most projects are located in developing nations.

HFL prayerfully seeks wisdom and knowledge in providing guidance for volunteers involved in HFL projects. Policies and procedures are specifically planned to reasonably anticipate need for protection of the health and safety of the staff and volunteers participating in projects. The leadership staff associated with each project has been carefully chosen and will exercise the wisdom and knowledge God has given them. Nevertheless, all matters are in the hands of the Lord and HFL cannot anticipate or plan for all risks.

PLEASE READ >  
CAREFULLY

THIS IS A LEGAL DOCUMENT. BY SIGNING THIS DOCUMENT YOU ARE GIVING UP CERTAIN LEGAL RIGHTS INCLUDING THE RIGHT TO SUE. YOU ARE ALSO ASSUMING CERTAIN OBLIGATIONS. DESPITE PRECAUTIONS TAKEN, ACCIDENTS AND UNFORTUNATE CIRCUMSTANCES OCCUR AND THEREFORE THIS AGREEMENT MUST BE SIGNED.

Without restricting the generality of the foregoing, I agree as follows:

I, \_\_\_\_\_ have of my own volition, requested that I be allowed to participate in a Hungry For Life Project/Trip in \_\_\_\_\_ (name of country) from \_\_\_\_\_ (start date) to \_\_\_\_\_ (end date).

I understand there are inevitable risks involving, among other things, natural disasters, changes in political situation, different and primitive living, working and healthcare facilities, uncertain transportation and communication facilities, and possible acts of terrorism or war.

In accordance with the privilege of demonstrating the compassion of Jesus Christ through participation in the trip referred to herein, I agree to the following:

- 1 I accept full responsibility for all risks of injury to my person or property, and even death in any way related to, traveling to or from or participating in the trip. I hereby release and forever discharge Hungry For Life International and its affiliates, members, directors, officers, leaders, agents, volunteers and/or employees from any and all actions, causes of actions, suits, claims, demands, liabilities and expenses that I now have or may have in the future in connection with, arising from or related to, my travel to or from the location of the trip or my involvement in or participation in the trip, whether caused by the negligence or wrongful act of any person;
- 2 I am fully aware that there are serious risks associated with traveling to the country(ies) named above and I have considered the medical recommendations given to me by my medical practitioner in connection with the travel related to this trip. I agree that if I do not fully and completely comply with the medical recommendations, I shall accept full responsibility for the resulting consequences and hereby release and forever discharge Hungry For Life International, its affiliates, members, directors, officers, leaders, agents, volunteers and/or employees from all actions, causes of actions, suits, claims and demands whatsoever that may arise as a result of my failure to fully and completely comply with the medical recommendations;

# Hungry For Life International Trip Application

PROJECT WAIVER OF RIGHT AND RELEASE > PAGE 2 OF 2

- 3 I acknowledge that I have read the Crisis Policies of Hungry For Life International and agree to be bound by its terms. I acknowledge that if I, or any other person(s), am kidnapped or used for extortion purposes, it is the policy of Hungry For Life International not to pay a ransom or comply with any demands made by the person(s) perpetrating the kidnapping or extortion. I hereby release and forever discharge Hungry For Life International, its affiliates, members, directors, officers, leaders, agents, volunteers and/or employees from all actions, causes of actions, suits, claims and demands whatsoever that may arise or result from my or any other persons' kidnapping or use for extortion purposes;
- 4 In case of any accident or illness, I give permission to any staff member, associate staff member or other volunteer of Hungry For Life International, or its affiliates, or authorized representative thereof, to seek any medical attention or treatment deemed necessary for me by the individual. I hereby release and forever discharge Hungry For Life International, its affiliates, members, directors, officers, leaders, agents, volunteers and/or employees from all actions, causes of actions, suits, claims and demands whatsoever that may result from or in connection with such accident or injury from or in connection with medical treatment administered in connection with said accident or injury. I will further indemnify and save them harmless from any and all costs, liabilities, expenses, claims, causes of action, suits or demands incurred by them, made, or taken against them as a result of, connected with or relating to such accident or illness and the medical treatment administered in connection therewith;
- 5 I agree to indemnify and save harmless Hungry For Life International and its affiliates, their staff members, associate staff members, and volunteers from all claims, demands, suits or actions (including costs of defending them) against any of them by me or by any person injured or who suffered damage to person or property as a result of my action or in any way arising out of my participation in or any aspect of this trip, including the cost of defending any such suits, actions, or claims;
- 6 I will conduct myself in a manner appropriate to a volunteer participant in the trip and abide by all rules, regulations, orders and directives given to me by Hungry For Life International and its affiliates and agents in connection with any matter relating to the trip.

SIGNATURE > Participant (print name):\_\_\_\_\_ (parent or guardian if applicant is under 19)

Signature:\_\_\_\_\_ Date:\_\_\_\_\_

Witness (print name):\_\_\_\_\_

Signature:\_\_\_\_\_ Date:\_\_\_\_\_



# Hungry For Life International Trip Application

PARENTAL CONSENT FORM > ONLY FOR APPLICANTS UNDER 19

Dear Parent:

Your son/daughter has shown interest in participating in a trip facilitated by Hungry For Life International. Hungry For Life has rooted itself on the promise of Isaiah 58 and is committed to helping others to spend themselves on behalf of the hungry and satisfy the needs of the oppressed. By participating as a team member on this ministry trip, your child has the opportunity to capture a vision for the physical and spiritual needs of people worldwide. International projects promote global awareness and allow a first-hand encounter in experiencing a different culture, religion, economy, and political situation. We have found that international trips are life-changing experiences that result in a deeper sense of thankfulness for a team member's own country and heritage.

Please complete this form for your son's/daughter's trip application.

My son's/daughter's name is: \_\_\_\_\_

Country(ies) of destination: \_\_\_\_\_

On or about \_\_\_\_\_ (start date) to \_\_\_\_\_ (end date)

SIGNATURE >  
OF BOTH  
PARENTS

I understand that Hungry For Life International and the team leader will do everything possible to provide for the well-being of my son/daughter while on the project/trip. I acknowledge that international travel involves some risk. Therefore, I acknowledge and understand that in case of a crisis or emergency I will be receiving information and communicating with the Canadian Hungry For Life office and not my son/daughter. I understand that medical insurance will be purchased by Hungry For Life for my son/daughter. By signing below, I/we give consent for my/our son/daughter to travel with Hungry For Life International.

Mother's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Father's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Hungry For Life International Trip Application

SPIRITUAL LEADER REFERENCE FORM > PAGE 1 OF 2

INFORMATION >  
TO BE  
COMPLETED  
BY THE  
APPLICANT

Church / Group: \_\_\_\_\_ Trip dates: \_\_\_\_\_

Name of applicant: \_\_\_\_\_

Name of spiritual leader: \_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_ ☐ cell ☐ work

QUESTIONS >  
TO BE  
COMPLETED  
BY A PASTOR  
OR CHURCH  
LEADER

## KEEP CONFIDENTIAL:

PLEASE PLACE THIS FORM IN A SEALED ENVELOPE TO ENSURE CONFIDENTIALITY. RETURN TO THE APPLICANT OR MAIL TO THE HUNGRY FOR LIFE OFFICE AS SOON AS POSSIBLE.

What is your relation to the applicant? \_\_\_\_\_

How long and well have you known the applicant? \_\_\_\_\_

\_\_\_\_\_

How does the applicant get along and work with others? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How has the applicant demonstrated leadership ability? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How does the applicant relate to members of the opposite sex? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are the applicant's strengths? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In what areas could the applicant improve? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Hungry For Life International Trip Application

SPIRITUAL LEADER REFERENCE FORM > PAGE 2 OF 2

Have you ever had occasion to question the applicant's morals, honesty, etc.? ☐ yes ☐ no

Please comment: \_\_\_\_\_  
\_\_\_\_\_

How do you feel the applicant will respond in a cross cultural setting?

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

How does the applicant react in stressful situations? \_\_\_\_\_

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

Has the applicant ever shown signs of rebellion? ☐ yes ☐ no

Please comment: \_\_\_\_\_  
\_\_\_\_\_

What are some evidences of the applicant growing in his/her walk with God?

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

What attitude has the applicant demonstrated toward evangelism and relief opportunities?

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

Do you feel the applicant is suitable to participate in a compassion project? ☐ yes ☐ no

Please comment: \_\_\_\_\_  
\_\_\_\_\_

I recommend the applicant: ☐ Without hesitation ☐ With reservation ☐ I do not recommend

SIGNATURE > I declare by my signature below that the above statements are true to the best of my knowledge.

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Hungry For Life International Trip Application

FRIEND/PEER REFERENCE FORM > PAGE 1 OF 2

INFORMATION >  
TO BE  
COMPLETED  
BY THE  
APPLICANT

Church / Group: \_\_\_\_\_ Trip dates: \_\_\_\_\_

Name of applicant: \_\_\_\_\_

Name of friend / peer: \_\_\_\_\_

Home address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_ ☐ cell ☐ work

QUESTIONS >  
TO BE  
COMPLETED  
BY A  
FRIEND

## KEEP CONFIDENTIAL:

PLEASE PLACE THIS FORM IN A SEALED ENVELOPE TO ENSURE CONFIDENTIALITY. RETURN TO THE APPLICANT OR MAIL TO THE HUNGRY FOR LIFE OFFICE AS SOON AS POSSIBLE.

The information you provide on this reference form is important. Applicants accepted to travel on an international trip will face significant challenges personally, spiritually, socially and culturally. Therefore, we need to have a complete picture of the applicant's strengths and weaknesses. Do not be afraid to be honest; weaknesses or negative information does not necessarily mean the person will be disqualified. We may follow up with you if we need further clarification in order to make the best choice for the applicant and the team. Thank you for your help.

What is your relation to the applicant? \_\_\_\_\_

How long and well have you known the applicant? \_\_\_\_\_

\_\_\_\_\_

How does the applicant get along and work with others? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How has the applicant demonstrated leadership? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How does the applicant relate to members of the opposite sex? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are the applicant's strengths? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Hungry For Life International Trip Application

FRIEND/PEER REFERENCE FORM > PAGE 2 OF 2

In what areas could the applicant improve? \_\_\_\_\_

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Have you ever had occasion to question the applicant's morals, honesty, etc.? ☐ yes ☐ no

Please comment: \_\_\_\_\_

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How do you feel the applicant will respond in a cross-cultural setting? \_\_\_\_\_

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Have you ever known the applicant to demonstrate depression, moodiness or withdrawal?

☐ yes ☐ no Please comment: \_\_\_\_\_

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In what ways has the applicant encouraged or influenced you? \_\_\_\_\_

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Would you want the applicant on your team? ☐ yes ☐ no

Please comment: \_\_\_\_\_

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I recommend the applicant: ☐ Without hesitation ☐ With reservation ☐ I do not recommend

SIGNATURE > I declare by my signature below that the above statements are true to the best of my knowledge.

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_