

Motherland International Relations

11 Tom Brown Road, Black Mountain NC 28711 (t) 828.664.0113

(f)828.581.0169

info@motherlandinternational.org www.motherlandinternational.org

◆PERSONAL INFORMATION◆

-All information is confidential-

SELECT MIR AFRICA PROGRAM: GHANA ETHIOPIA PROGRAM DATES: _____

NAME: _____
First Middle Last

U.S.A PASSPORT? Yes _____ No _____ CITIZENSHIP: _____ PLACE OF ISSUE: _____

DATE OF BIRTH: _____ HEALTH INSURANCE PROVIDER: _____
DAY/MON/YEAR

OCCUPATION: _____ Work #: _____

CURRENT ADDRESS: _____

City/State/Zip: _____ COUNTRY _____

Telephone: _____ E-mail: _____

PERMANENT ADDRESS(If different): _____

City/State/Zip: _____

For Students:

Current School Name & Location: _____

Father's Name: _____ Mother's Name: _____

Address: _____ Address: _____

City/State/Zip: _____ City/State/Zip: _____

Tel: _____ H _____ W Tel: _____ H _____ W

All Applicants:

EMERGENCY CONTACT Name: _____ Relation: _____

Telephone: _____ Home _____ Work _____ Cell _____

TWO NON-FAMILY REFERENCES:

Name: _____ Relation: _____ Tel: _____

Name: _____ Relation: _____ Tel: _____

Applicant Signature: _____ Date: _____

Motherland International Relations

- SHORT ANSWER APPLICATION QUESTIONS -

1. Why do you want to travel to Ethiopia with our program?
2. What strengths do you bring to our group?
3. How do you relate personally and professionally with the mission/works of Motherland International Relations? (see website www.motherlandinternational.org)
4. How do you plan to share your experience upon your return with your community?
5. How do you react when things do not go as planned?
6. What dietary needs do you have? Are you on any medications? If so, which ones?
7. Anything else you would like to tell us?

If you are including any additional documents/information, please indicate here so we can be sure all documents are received.

-
-
-
-

Participant Agreement

Check box

I understand that as a participant on this MIR program, I will meet the group in Addis Ababa, Ethiopia on the first day of the program, as outlined in the itinerary. I understand that I am responsible for my own airfare (to and from Ethiopia), visa, vaccinations, health insurance and baggage insurance. On my application, I have clearly informed the facilitators of any current health problems, issues or concerns. I understand that the facilitators will do everything they can to keep me healthy and safe, and that Motherland International Relations will not be liable for any injuries, accidents, medical problems or death; or any damage or loss of personal property that may arise during this program.

I _____ have read, understand and agree to the above statement.
(Print Name)

Participant Signature

Date