



Friends of Fresh and Green Academy Inc. 2017 Volunteer Application

Personal Information

Name

Last

First

Middle

Address

City

State

Zip

Phone Number

Date of Birth (MM/DD/YYYY)

Email Address

Passport Number, Country, Date of Issue and Expiration Date

Previous Volunteer Work

Educational Background

Employment Information

Employer Name

Occupation/Title

Phone Number

Email Address

Medical Information

Do you have any medical conditions or physical disabilities that may limit you on this mission? (Circle one) YES NO

If YES, what are they? _____



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List any prescription drugs you are taking: _____

List any known allergies (including food allergies) or chronic life threatening conditions. _____

Written Application Questions (Use back of page if necessary)

1. How did you become familiar with Friends of Fresh and Green?

2. Explain why you want to join Friends of Fresh and Green on our Mission.

3. Please share with us any travel or mission-related experiences you have had that may be of value while traveling with our mission.



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Team Members must limit themselves to one carry-on bag only. All checked baggage allowance is reserved for children's clothing and school supplies.

There are certain risks associated with the mission such as, but not limited to, dehydration, parasites, and physical injury. Any needed medical care is the responsibility of the volunteer.

Behavior on this mission needs to be representative of the goals of Friends of Fresh and Green Inc. and Friends of Fresh and Green Inc. will not be held responsible for repercussions resulting from inappropriate actions.

I understand there are risks that I must take when entering Ethiopia and Friends of Fresh and Green Inc. will not be held responsible for any injury, illness or loss of personal items.

I hereby affirm that the information provided on this application is true to the best of my knowledge and agree to have any of these statements verified by the organization. I understand that providing any false or misleading information may disqualify me from further consideration as a volunteer. I affirm, to the best of knowledge, I am in good health and fit for travel to Ethiopia.

Signature (Parent/Legal Guardian if under 18)

Date