



Application for 2018



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

Medications: _____ **Allergies:** _____
(please specifically list all that apply or enter 'none')

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

New applicants - Reference: _____

2018 trip schedule;

Please mark your first and second preferences
Island arrival and island departure dates are listed

- ___ **St. Lucia 1** (Castries) Saturday, January 6 - Saturday, January 20
- ___ **Dominica** (Castle Bruce; Tappas) Saturday, January 6 – Saturday, January 20
- ___ **St. Vincent** (Mespo) Saturday, January 20 - Saturday, February 3 (PENDING LEADERSHIP)
- ___ **Dominica** (Vieille Case) Friday, January 26 – Saturday, February 10
- ___ **St. Lucia** (Soufriere) Saturday, February 3 – Saturday, February 17

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

NEW this year! Please initial below that you have reviewed the following information.

___ I will print the **Guidelines for 2018** from the GNP website. I will sign it and enclose it with my 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 indemnity agreement on the Good News Project website and signed and returned a copy of it with this application.

___ I have reviewed the alcohol policy on the Good News Project website and agree to abide by it.

_____ 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)

Tell us about yourself... What is your comfort level with home construction and painting? Are you good with money? Would you consider being our banker? Do you enjoy spending time with children or the elderly? If available, do you want to spend time with the elderly or in the classroom with 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... what are your transferable skills? (Counseling, guidance, adult/children education, hands on training, etc)

Do you have specific food or medical needs? *If yes, we will be in communication with you as to how your needs may affect your volunteer experience.* Please specify below:

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 you r 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: chris@goodnewswi.com www.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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