



Guyana Mission Trip Volunteer Application 2024

1. Basic Information

Name: _____ Address: _____

Email: _____ Phone: _____

2. Emergency Contact

Name: _____ Relationship: _____ Phone: _____

3. Passport Information

Name exactly as it appears on passport: _____

Passport Number: _____ Expiration Date: _____

4. Physical Conditions or Allergies: _____

5. Mission Trip Role (Please check one)

Arts and Craft ___ Creation Health Workshop ___ Food ___ Self-esteem Workshop ___

Photo/Media ___ Reading Workshop ___ Soccer/Basketball ___ Music ___ A/V Tech ___

6. Photography and Media Release

I hereby give Hope for Kids Global Mission Inc. permission to use my image/picture, voice, words, and writing in any way on all future advertisements, website, and marketing literature or promotional videos for the mission trip and other events sponsored and conducted by Hope for Kids Global Mission Inc.

Applicant's Signature: _____ Date: _____

Hope for Kids Contact: Eudora Stephens 954-224-1058 Email: estephens59@comcast.net

WELCOME ABOARD