



COMPASSION|CORPS

## Short Term Teams Application

Please mark the country you in which you are interested in working  
& specify the dates of your intended trip:

Liberia \_\_\_\_\_  
 Mali \_\_\_\_\_  
 Morocco \_\_\_\_\_  
 Senegal \_\_\_\_\_  
 Tunisia \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Best time/way to be reached \_\_\_\_\_

Passport number \_\_\_\_\_ SS number \_\_\_\_\_

Birth date (for insurance info) \_\_\_\_\_

Please indicate areas of **expertise (E)** and areas of **interest (I)** as well.

<input type="checkbox"/> medical work	<input type="checkbox"/> drama
<input type="checkbox"/> children's work	<input type="checkbox"/> community/economic development
<input type="checkbox"/> youth work	<input type="checkbox"/> internet/technology help
<input type="checkbox"/> painting	<input type="checkbox"/> construction
<input type="checkbox"/> electrical work	<input type="checkbox"/> health related seminars
<input type="checkbox"/> gardening/landscaping	<input type="checkbox"/> teaching
<input type="checkbox"/> handcrafts	<input type="checkbox"/> women's services
<input type="checkbox"/> technical work	<input type="checkbox"/> puppetry
<input type="checkbox"/> Other (explain): _____	

Have you ever been on a short-term service trip before? (where, when, with whom)

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Languages spoken/fluency: \_\_\_\_\_

How did you hear about this trip? \_\_\_\_\_

Why are you interested in this particular trip? \_\_\_\_\_

**MEDICAL:**

Do you have a physical condition that could hinder your effectiveness on this trip? \_\_\_\_

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Allergies: \_\_\_\_\_

Prescription meds you will be taking on the trip: \_\_\_\_\_

Your physician's name: \_\_\_\_\_ Office number: \_\_\_\_\_

Insurance carrier: \_\_\_\_\_ Policy group no. \_\_\_\_\_

Who should we contact in case of emergency? \_\_\_\_\_

Telephone number: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

- Please include a photocopy of your passport with this application.\*\*\*
- Send application with [\\$100 non-refundable deposit](#) to:

**Compassion Corps  
attn: Beth McMillen  
PO Box 103  
Chester Heights, PA 19017**

\*\*\*If you do not have a passport or if your passport expires within the next 6 months,  
please begin the process of getting a new one right away.