

Before filling out this form please do the following:

- 1) **SAVE** this document to your computer.
- 2) Return completed form to CWE via **EMAIL** as an **ATTACHMENT**.

office@cwe-missions.org

Volunteer Information Form

Togo 2012 CMS

LEGAL NAME THAT APPEARS ON YOUR PASSPORT/BIRTH CERTIFICATE

LAST			FIRST	MIDDLE	HOME PHONE	
ADDRESS: Number				Street		CELL PHONE
CITY			STATE	ZIP CODE	BUS.PHONE	
CHURCH AFFILIATION:				E-Mail		
BIRTHDATE OF VOLUNTEER	BENEFICIARY NAME FOR INSURANCE PURPOSES				RELATIONSHIP	
PASSPORT NUMBER				EXPIRATION DATE		

A YELLOW CWE SHIRT IS REQUIRED FOR ALL TRAVEL. Please check one of the following options:

_____ I need a shirt Circle size: S M L XL XXL with pocket_____ without pocket_____

Note: Shirts are men's sizes - please order accordingly

_____ I don't need a shirt and am deducting \$20.00 from my total trip cost

IN CASE OF EMERGENCY, NOTIFY:

LEGAL NAME: LAST	FIRST	MIDDLE	RELATIONSHIP
ADDRESS			HOME PHONE
CITY	STATE	ZIP CODE	BUS.PHONE

GENERAL RELEASE

In consideration of acceptance of my application and allowing me to serve as a volunteer to and on behalf of CWE, I, for myself and my personal representatives, heirs, and assigns, hereby forever release, discharge and hold harmless CWE and its officers, directors, employees, agents and their respective heirs, representatives, successors and assigns, and each of them, from liability of any nature whatsoever, at law or in equity, including, without limitation, my participation as a volunteer. The validity, construction, and enforceability of this release shall be determined in accordance with the laws of the State of Florida.

I agree to the terms as stated above

Date: _____

MEDICAL INFORMATION FORM

Togo 2012 CMS

NAME:	Last	First	Middle	Gender	DATE OF BIRTH
				M F	

ADDRESS:	Number	Street	City	State	Zip	PHONE:
						()

NEXT OF KIN:	Name	RELATIONSHIP	PHONE:
			()

PERSONAL PHYSICIAN:	Name	Address	PHONE:
			()

ALLERGIES:	_____	_____	_____
	_____	_____	_____

WHAT MEDICAL CONDITIONS DO YOU HAVE?

OPERATIONS YOU HAVE UNDERGONE

Type of Operation Date

MEDICINES YOU ARE NOW TAKING

Name of Drug Dosage

I hereby grant CWE the use of above medical information as needed to help in my medical evaluation and care as a volunteer worker for this organization.

I agree to the terms as stated above

Date _____

**TRAVEL QUESTIONNAIRE
Togo 2012 CMS**

Volunteer Name: _____

**THE TEAM WILL BE MEETING IN NEW YORK'S JFK AIRPORT AT
7:00PM ON FEBRUARY 17, 2012.**

We strongly recommend that you use Delta or one of their partners for your flight to New York and back. If there is an arrival delay upon your return to the States, the airline will be much more accommodating to get you on the next available flight back home.

Please check one:

- I will be driving to New York (JFK) to meet the team
- I will be flying to New York (JFK) to meet the team – please fill out information below.

Flight Arrival into JFK (at beginning of trip):

Date: _____

Airline: _____

Flight #: _____

Arrival time
into New York: _____

City above flight
coming from: _____

Flight Departure from JFK (at end of trip):

Date: _____

Airline: _____

Flight #: _____

Departure time
from New York: _____