



Traveler Application

Traveler First Name: _____ Last Name: _____

Preferred name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

Business Phone: _____ Other Phone: _____

Email: _____

Date of Birth _____ Age: _____ Gender: _____

Travel companion (if applicable): _____

Preferred Trip Dates: _____ June 7-16, 2019 _____ November 8-17, 2019

Passport: _____ I already have one _____ I will be applying for one

Yellow Fever Vaccination: _____ I already have it _____ I will be getting it

OneVillage Partners has minimum and maximum limits on the number of travelers to be included with each trip. Please do not book your airfare until you have been notified by OVP staff that you will be participating on the trip.

I agree that by submitting this application, I am committed to participate on the OneVillage Partners trip to Sierra Leone on the dates indicated. I have enclosed my signed code of conduct, as well as my \$1,000 trip deposit, which I acknowledge is nonrefundable.

Signature

Date

Signature of Parent/Legal Guardian (if minor)

Date

Once complete, please submit the application to OneVillage Partners at admin@onevillagepartners.org.