

## Team Maisha Application

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Nickname: \_\_\_\_\_ Name as it appears on passport: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

By which method(s) do you prefer to be contacted? \_\_\_\_\_

Gender:  Male  Female  
Marital Status:  Single  Married

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Mission project for which you are making application: Country \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

T-shirt Size (Unisex) S - M - L - XL - 2XL (circle one)

Passport Number: \_\_\_\_\_ Passport Expiration Date: \_\_\_\_\_

Occupation: \_\_\_\_\_

Gifts/Talents: \_\_\_\_\_

International Travel Experience: \_\_\_\_\_

Foreign Languages Spoken: \_\_\_\_\_ Fluent? \_\_\_\_\_

Why are you interested in volunteering with Maisha? \_\_\_\_\_

How/from whom did you learn about Maisha volunteer opportunities? \_\_\_\_\_

What is your current knowledge of the purpose of Maisha? \_\_\_\_\_

I have never been convicted of, pled guilty or no contest to a crime other than a minor traffic violation.

Yes / No Explain if no: \_\_\_\_\_

I have not been and am not presently under charges for any criminal offense. Yes / No

I authorize Maisha to conduct a Criminal and Sex Offender background search. Yes / No

## In case of emergency, notify:

Name: \_\_\_\_\_ Day phone: ( ) \_\_\_\_\_ Evening Phone: ( ) \_\_\_\_\_

Relationship: \_\_\_\_\_ Address: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy & Group #: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Name of Beneficiary: \_\_\_\_\_

Name of your Physician: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**MEDICAL**

Do you take any medications? Yes / No Please list ALL: \_\_\_\_\_

Have you had a *recent* illness (in last year)? Yes / No / When? \_\_\_\_\_

Explain: \_\_\_\_\_

Do you have any allergies to food, drugs, insect bites or stings? Yes/ No If yes, what? \_\_\_\_\_

Do you have any chronic medical conditions? Yes / No Explain: \_\_\_\_\_

Immunizations and Dates (if applicable):

Tetanus/Diphtheria Booster \_\_\_\_\_ Hepatitis A \_\_\_\_\_ Hepatitis B \_\_\_\_\_ Typhoid \_\_\_\_\_ MMR \_\_\_\_\_

Do you have any physical limitations or disabilities that would affect you in conditions such as extreme heat or cold, high elevation, limited food choices, etc.? Yes / No Explain: \_\_\_\_\_

Have you ever been treated or hospitalized for a mental or emotional condition? Yes / No

Explain: \_\_\_\_\_

**RELEASE OF LIABILITY/VOLUNTEER AGREEMENT**

I acknowledge that participation in the above trip involves risk to the Participant (and to Participant's parents or guardians if Participant is a minor), and may result in various types of injury. In consideration for the opportunity to participate in the above trip, the Participant (or parent/guardian if Participant is a minor) acknowledges and accepts the risks of injury associated with participation in the trip. I understand that The Maisha Project, its agents, employees, volunteers, or any other representatives (collectively included hereinafter in the term "Trip Sponsor") assume no liability for any personal harm or illness or for loss or damage of any property that may come to me while serving as a mission volunteer, and I, my heirs, and my personal representatives and assigns, hereby absolve the Trip Sponsor and hold them harmless from any claim or demand that I, my heirs, my personal representatives or assigns might conceivably assert for any such harm, illness, loss or damage. I confirm that the information provided by me on this application is correct. I understand Trip Sponsor may use any images or videos I take while on the mission. I approve the sharing of my contact information with others participating on this trip. I also purpose to partake in required pre and post mission training. I intend to be legally bound by this statement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Participant or parent/guardian of participant is a minor*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Second parent/guardian if participant is a minor*

\* Please submit completed application, \$25 fee and a copy of your photo ID to group leader



# Background Release Form

In connection with this application for employment, I understand that an investigative consumer report may be requested now by True Hire, and in the future as terms of my continued employment. This report may include information pertaining to my character, education, work history, credit history, motor vehicle records, and criminal information contained within any government agency, Federal, State, or Local. This information shall include, but not be limited to, verifying any statements made on my application.

I hereby authorize all corporations, companies, credit agencies, educational institutions, persons, law enforcement agencies, military services, and former employers to release information they may have about me to Company or its agents, and do forever release them from any liability or responsibility for doing so to the fullest extent allowed by law from any claims arising from the requested information.

If required, I specifically authorize a credit report to be obtained on myself. If required, I specifically authorize workers compensation claim information to be obtained on myself by True Hire.

I recognize and agree that a copy or facsimile of this document shall be as valid as the original and agree that this release shall be valid for this and any future update reports requested.

According to the Fair Credit Reporting Act, I am entitled to know if employment is denied based on information contained in this report, and to receive, upon written request, a disclosure of the public record information as well as the nature and scope of the investigative report.

## Confidential Information Used for Background Checking Purposes

PRINT FIRST NAME	MIDDLE INITIAL	LAST	SOCIAL SECURITY NUMBER	DATE OF BIRTH
DRIVER'S LICENSE NUMBER	STATE OF ISSUANCE	EMAIL		
PRESENT ADDRESS		CITY, STATE, ZIP	COUNTY	

*Please list any previous addresses you have had in the past 7 years:*

PREVIOUS ADDRESS	CITY, STATE, ZIP	COUNTY
PREVIOUS ADDRESS	CITY, STATE, ZIP	COUNTY
PREVIOUS ADDRESS	CITY, STATE, ZIP	COUNTY

*Please list any former names (i.e. maiden or otherwise) you have used in the past 7 years:*

*Please list any former felonies or misdemeanors you have been convicted of in the past 7 years (Please list date, charge, location, disposition):*

Signature

Date