

Kenya Educational Service Trips (KEST)

Form 1: Participant Application

(Please attach a copy of your passport photo page to the back of this form.)

General Information (fill in each blank to the best of your ability)

Print your name *as it appears on your passport*

First name: _____ Middle name: _____ Last name: _____

Preferred name: _____

Mailing address: _____

City: _____ State: _____

Zip/Post code: _____

Phone number: _____ Fax number: _____

E-mail address: _____

(E-mail is the preferred method of communicating)

Gender: Circle- Male / Female Date of birth: (MM/DD/YY) _____

Citizenship: _____

Occupation: _____

If student, list school name: _____

T-Shirt Size (circle one): S M L XL (adult sizes)

Passport Information *(Passport must be valid for six months beyond your travel dates)*

Jurisdiction: _____ Number: _____

Expiration Date: _____

MUST INCLUDE A COPY OF YOUR PASSPORT PHOTO PAGE WITH THIS FORM!

Travel Information

List previous international travel experience: _____

Why are you interested in participating in a KEST trip? _____

List preference for seating on plane (aisle/window/seat partner): _____

If you have a preference for a **roommate**, please list their name: _____

Hobbies/Interests/Skills

Please list your hobbies and interests: _____

Please list any special skills you bring to a team, such as photography, writing, language skills, construction, etc.: _____

Please list languages you speak:

fluently: _____

conversationally: _____

beginner level: _____

Medical

Physical fitness? Circle: excellent / good / fair / poor

List any physical limitations, handicaps, allergies, etc.: _____

Current medications: _____

Special dietary requirements: _____

Emergency Contact

Name: _____ Relationship: _____

Day phone: _____ Night phone: _____

Cell phone: _____

Traveler signature

Date

Traveler name (please print)

Parent(s) (if applicable): I have reviewed this document and also give permission for my child to travel with the Kenya Educational Service Trips program from ___/___/___ to ___/___/___ and to be under the supervision of the allocated adults on the trip.

Parent(s) signature

Date

Submitting the application

Now that you have completed the application (Form 1), please submit it with the following forms with a **copy of your passport photo page:**

- 2. Conditions of Participation
- 3. Release and Waiver of Liability- **Notarized**
- 4. Authorization of Treatment of a Minor- **Notarized**
- 5. Emergency Contact/Student Health
- 6. Medical Exam Form- completed by personal physician

The application and additional forms listed may be mailed to:

KEST, LLC
c/o Lloydie Zaiser
500 Goldsborough Drive
Rockville, Maryland 20850