



Trip Participant Information (please provide information as it appears on your passport)

Last Name	First Name	M.I.
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Address

City	State	Zip Code
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Home Phone	Cell Phone	Date of Birth
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Email	Alternative email (Students only! Please list an email address that is not associated with your school)
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Passport Number	Male <input type="radio"/>	Female <input type="radio"/>	T-Shirt Size (circle one): S M L XL XXL XXXL
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Profession (If Medical, please also complete Health Care Provider Information Form)

Prior # of HIM Trips

Proficiency in Spanish: None _____ Little _____ Fluent _____

MEDICAL HISTORY

Do you have any allergies (including medication, food or environmental allergies)? Y/N Explain

Do you have any health problems? Y/N Explain

Do you have any dietary restrictions? Y/N Explain

Do you have any physical challenges that might require special assistance? Y/N Explain

List all current medications and dosage:

Are you pregnant? Y/N

PERSONAL CONDUCT EXPECTATIONS

1. Be respectful of the Guatemalan culture. Be respectful to other team members.
2. Those traveling with HIM under the age of 21 are NOT allowed to consume alcoholic beverages.
3. Do not use profane language.
4. Social Media – Refrain from posting anything that does not align with HIM’s mission and reputation
5. Dress – Dress appropriately (No short shorts, crop tops or tube tops)

I have read and agree to the Personal Conduct Expectations

Emergency Contact Information

Last Name	First Name	Relationship
Phone	Alternate Phone	

How did you hear about of Hearts In Motion?

Explain why you are interested in volunteering for Hearts In Motion and your expectations.

Applicant's Signature

I certify that to the best of my knowledge and belief the above information is true and complete.

Signature

Date