



Short Term Outreach Application

This document is private and will be kept confidential by the leadership and board of YCC Global Outreach. Information contained in this document is personal and will not be shared or used in any manner other than such as is deemed appropriate by the leadership and board of YCC Global Outreach in the handling of business and advancing the cause of the single short term outreach for which it is submitted.

Name: _____ Outreach Team: _____ Dates: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: () _____ - _____ Mobile Phone: () _____ - _____ E-Mail: _____

U.S. Passport Number: _____ Issue Date: _____ Issue Place: _____

Health Insurance Provider: _____ Policy Number: _____

Primary Care Physician: _____ Last Visit: _____

Please list any health considerations which might affect your performance of an outreach in another country. Remember that outreach is a strenuous time and small health problems may be magnified by the stress of travel and unusual living conditions. (Use separate pages if necessary)

Please list any medications you take regularly and which you will need to carry with you on the outreach, along with the dosage and frequency with which you must take them. (Use separate pages if necessary)

Have you ever been arrested? ____ Have you ever been incarcerated? ____ Do you have any criminal record? ____ Have you ever been refused a visa or denied entry to any foreign country? ____ If the answer to any of the preceding questions is yes, please explain in detail below. (Use separate pages if necessary)

I understand that submittal of this document constitutes a request for approval to participate in the short term outreach for which it is submitted. I understand that YCC Global Outreach reserves the right to refuse permission to participate. The information I have provided is true and correct in detail to the best of my knowledge.

Signed

____/____/_____
Date