



Traveler Information Form

All Individuals participating in FAF Tours are kindly requested to provide the following information for planning purposes.

Please make sure all information is accurate and the form entirely complete before submitting to your Group Leader / Tour Manager!

*I understand that I will pay for my airline ticket plus a project fee to cover my expenses of food, accommodation and travel. Initials:

*I understand and I agree to abide by the FAF Participant Guidelines. Initials:

**Full name
as it appears on your passport:**

<input type="text"/>	<input type="text"/>	<input type="text"/>
First	Middle	Family Name

Present address:

<input type="text"/>
No. Street State ZIP Code City

Permanent address:

<input type="text"/>
No. Street State ZIP Code City

Day phone:

<input type="text"/>
Area Code Phone Number

Email address:

Date of Birth:

<input type="text"/>
mm/dd/yyyy

Gender:

M
 F

Passport #:

Date of Expire:

<input type="text"/>
mm/dd/yyyy

Citizenship:

US Citizens are usually not required visas for most destinations; non-US Citizens, however, might. FAF will alert you to any visa needs based on the information you provide here. Obtaining necessary visas is your responsibility!

Is your diet restricted due to religious considerations, allergies, health conditions or preferences?

Please check one of the following:

No restrictions Vegetarian – specify:

Kosher Other – specify:

Is a special meal required in flight?

No Yes – specify:

**Do you have an allergy or medical condition?
Specify.**

Please list any medical condition that might be a factor in your travel overseas. Also list any prescription medication you will bring with you on your tour. (You should carry a copy of any prescription medication you will need during your trip.)

Do you have any special requests (such as wheelchair)? Specify.

Do you wish to deviate from the group's travel plans?

Yes, please contact me for details No

NOTE: optional travel arrangements will be subject to an administrative surcharge of \$85.00 on top of any additional charges imposed by airlines, hotels or other providers. Changes in travel arrangements made after the third payment date (including a return to the group's original arrangements) will be subject to a penalty of \$85.00.

Do you have a frequent flyer account that you would like to credit your air mileage to? Yes No

Airline: Frequent Flyer Number:

Do you have health insurance?

***If you do not have insurance, you must purchase Traveler's Health Insurance.**

No Yes – specify

If you are a student:

School:

Grade:

Mayor:

If you are working:

Employer:

Job Title:

Release from Liability:

Due to the nature of the project, there will be a possibility of injury, property theft, loss or damage of belongings during our tour and service project. I or my parent/guardian understand this and waive my right to any claim against FAF or the project coordinators. I will pledge to cooperate fully with the guidelines of project and project coordinators.

Initials of Applicant: Date:

*****If you are under the age of 18, your parent/guardian must also sign below*****

Initials of Parent/Guardian: Date:

Letter of Recommendation

Please provide a letter of recommendation from someone other than a family member

(see form below)

Personal Statement: Why I want to participate, what I can offer, and what I hope to gain.

On a separate sheet of paper, please explain, in 300-500 words, why you would like to participate in this project and what you feel you can contribute to this project. Be sure to include an account of any previous experience in volunteer service programs. Please also let us know what you hope to gain from your participation.

**Service Ambassadors:
Building Hope while Experiencing the Real Ecuador**

Letter of Recommendation

Name of Applicant:

Name of Recommender:

Relationship to Applicant:

Company/Organization:

Position:

Telephone Number:

Email:

How well do you know the applicant?

How many years have you known the applicant?

Please explain to us why the applicant would be a successful member of FAF's Service Ambassador Tour and what the applicant has to offer on such a project.

On a 1-10 scale (10 being the highest), how highly would you recommend this applicant for the program:

**Please email the completed recommendation form to:
Friendship Ambassadors Foundation: Serviceambassadors@faf.org**