

COLGATE ROCHESTER CROZER DIVINITY SCHOOL

International Travel 20_____ Course Number: _____

(Name of International Travel Course)

INTERNATIONAL TRAVEL APPLICATION FORM

RETURN THIS APPLICATION and \$750 DEPOSIT CHECK payable to **CRCDS**
and a color photo copy of your PASSPORT

By November 1st

(Deposit is refundable if application is not accepted)

Please note the name of the trip on your check

Send to:

Colgate Rochester Crozer Divinity School
Susan Andrieu – Room 213
1100 S. Goodman Street
Rochester, NY 14620

(Use extra paper if needed to complete answers.)

CONTACT INFORMATION

1. **Name:** _____ **Gender:** _____

2. **Address:** _____

3. **Phone Numbers:** _____

Email: _____

4. **Degree Program:** _____ **Or Life Long Learner:** _____

IDENTIFICATION INFORMATION

5. **Date of Birth:** _____ **Birthplace:** _____

6. **Citizenship:** _____

7. **Passport Number:** _____ **Exp. Date:*** _____

**Please Note: Your passport expiration date must extend more than 6 months beyond the trip return date (e.g., must be December 1, 2019, or later).*

8. **IN CASE OF EMERGENCY, PLEASE NOTIFY:**

Name: _____

Relationship: _____

Address: _____

Phone Numbers: _____

Email: _____

9. Does your emergency contact person have health care/medical power of attorney? Yes No
If not, whom should we contact if medical decisions need to be made on your behalf? Please provide complete contact information:

10. Why do you want to participate in this intensive?

11. Do you have any special gifts, talents, or abilities that you would like to share now, during the trip or later?

12. What kinds of presentations, advocacy and other support work might you plan upon your return to CRCDS?

13. Our time on this **international** trip will be limited and intense. How do you respond when under stress and confronted by important issues and deadlines?

14. In light of the strenuous travel conditions, diets, and uncertain circumstances in the country or countries of immersion, _____, please assess your physical condition:
(enter country or countries of immersion)

15. What is your understanding of the current situation in _____?
(enter country or countries of immersion)

16. Please describe the international travel experiences and exposures you have had:

17. Do you have health care insurance? Yes No

If Yes, are you familiar with how to use your insurance in other locations? Yes No

18. Insurance: Details will be provided about travel insurance, as this will be required for the trip.

- Are you interesting in purchasing (additional) international health coverage? Yes No

19. This question is specific to the 2019 Israel-Palestine Trip:

- Do you want a single room (an additional \$750 charge)? Yes No

By signing this application, I acknowledge that I understand that if this trip is cancelled, any monies already paid for trip expenses that are not refundable to CRCDS will not be refundable to me. I also agree to attend all pre-trip sessions, dates to be determined by faculty and delegation.

Signature

Date