



AMERICAN FOUNDATION
for CHILDREN *with AIDS*

Vacation with a Purpose APPLICATION

TRIP PREFERENCE:

Country/Countries of Interest _____ Trip Dates _____

PERSONAL INFORMATION:

First Name _____ Middle Name _____ Last Name _____

Preferred name _____

Mailing address _____

City _____ State / Province _____

Zip / Postal Code _____ Country _____

Home Phone _____ Cell Phone _____

Email address _____ (email is the preferred method of communication)

Citizenship _____ Date of Birth (mm/dd/yy) _____

Gender: _____ Male _____ Female

Occupation _____ If student, school name _____

Traveling with a companion or group? Yes No (Each person must fill out their own application)

Group name _____

Companion name _____ Companion relationship _____

PASSPORT INFORMATION:

Passport Number _____ Expiration Date (mm/dd/yy) _____

Place of Issue _____

ADDITIONAL INFORMATION:

Why are you interested in participating in this event?

Previous volunteer experience (please describe, including where and when):



Previous international travel experience (please list countries and length of stay):

Please list any special skills (first aid, photography, writing, construction, etc):

LANGUAGES (Other than English):

Fluent _____

Conversational _____

Beginner _____

HEALTH:

Physical fitness: _____ excellent _____ good _____ fair _____ poor

Medications you currently take:

Special Dietary requirements:

Allergies, physical limitations, handicaps, etc.

Please send your completed application to us at:

Email: info@AFCAids.org

Mail: Vacation with a Purpose
c/o AFCA
6221 Blue Grass Avenue
Harrisburg, PA 17112

Or

Fax: (717) 489-0214