



LAHASH

GRASSROOTS PARTNERSHIP WITH AFRICA

Traveler Profile

Thank you for your interest in traveling with Lahash International. Please fill out the following form and return it to the Lahash International office as soon as possible. This form may be filled out online, but it must be returned as a hard copy with an ink signature on the last page.

If you have any questions about this form or about traveling with Lahash International, please the Lahash office at info@lahash.net or 503-348-7265.

Send completed forms to:
Lahash International
ATTN: Travel Coordinator
4850 N Vancouver Ave
Portland, OR 97217

Lahash Traveler Profile

Biographical Information

Legal Name (First/ Middle/ Last) _____ Preferred Nickname: _____

Legal Residence Address: _____ Full Birth Date: _____ Gender: M F

City: _____ State: _____ Zip: _____ Email: _____

Phone: _____ Passport Nationality and Number: _____

T-Shirt Size : _____ Group leader (if applicable): _____ Intended travel dates: _____

Marriage Status: Single Married Name of Spouse (if applicable): _____

Educational Background

Institution: _____ Degree/Certificate: _____ Major: _____

Occupation

Are you currently a student? Yes No School: _____ Degree completion date: _____

Are you currently employed? Yes No Employer: _____ Position: _____

Background Info

Have you ever been convicted of a felony? Yes No

If yes, please explain:

Is your family and/or community aware of your decision to travel to East Africa and are they I agreement of this decision [] yes [] no

If no, please give reason for their concern _____

Traveler Personal References (non-family)

Name: _____ Phone Number: _____

Relation to you: _____

Name: _____ Phone Number: _____

Relation to you: _____

4. What skills, interests or special training do you have that might serve the Lahash International partners in East Africa?

5. Please describe your religious faith and how that will affect your work with Lahash International.

Please check the boxes below and sign the profile agreement:

- I have read and signed **the Lahash International Traveler Policies and Procedures** and the **Lahash International Liability Release Form**. I understand the requirements listed in each document are binding if I choose to travel with Lahash.
- The information provided in this application is true and accurate.

I understand that submitting this **Lahash International Traveler Application** does not yet imply any commitment on my behalf or on behalf of Lahash International. Upon acceptance as a traveler, I agree to serve under the leadership, guidance and procedures of Lahash International, its U.S. staff, and its partner organizations for the duration of my service.

Signature of applicant: _____ Date: _____

Printed Name of Signatory: _____

Signature of Witness: _____ Date: _____

Printed Name of Witness: _____ Phone Number of Witness: _____