



Kilimanjaro with the Children Trip Application

Select your Trip:

- July 24, 2018 – August 12, 2018: Visit *Kupenda for the Children* in Kenya + *Kilimanjaro* Climb in Tanzania
- August 1 – 12, 2018: *Kilimanjaro* Climb in Tanzania

- December 28, 2018 – January 15, 2019: *Kilimanjaro* Climb in Tanzania + Visit to *Kupenda for the Children* in Kenya
- December 28, 2018 – January 8, 2019: *Kilimanjaro* Climb in Tanzania

NOTE: Kilimanjaro Climbs include visit to Gabriella Children Rehabilitation Centre in Moshi, Tanzania

Personal Information

Full Name (exactly as listed on passport):	
Address:	
Phone:	
Email:	
Gender (circle one)	Male Female
Marital Status (circle one)	Married to someone on the trip Married Single
Date of Birth:	
Passport Number:	
Date of Exp:	
Adult T-Shirt Size:	



Are you:

___ Employed (please list field/position):

___ Student (please list college/major):

___ Other (please explain):

Please evaluate yourself on the following (5 being stronger, 1 being weaker):

___ Leadership

___ Energy Level/Physical Stamina

___ Cooperation (can work well in team situation)

___ Flexibility (ability to adjust to changes)

___ Patience

Have you ever been convicted of a felony? (if yes, please explain on separate page)

Health Information

How would you rate your overall health condition?

___ Excellent

___ Good

___ Fair

___ Poor

Please list and explain any sensory, cognitive, intellectual, physical, and/or social/emotional disabilities you have.



Please list and explain any prior injuries, surgeries or seizures that you've had and explain how you manage them and any limitations they cause.

Please list and explain any limitations, dietary restrictions or health problems that might impair your ability to exercise, travel, etc.

Please list any allergies, and explain how you manage them and any limitations they cause.

Please list any medications you are currently taking or will be taking on trip. Is there any impact or concern in taking them at high altitudes? **Ask your doctor as to how these medications will interact with possible medications you will be taking on trip such as Diamox (a high altitude drug) and/or Malaria pills.*

Primary Physician: _____ **Phone:** _____

Health Insurance Provider: _____

Insurance Policy Number: _____

All participants are required to carry personal health insurance. Each participant must provide a Group and/or Policy number on his/her application.

Emergency Contact's Name: _____

Relationship to you: _____

Email: _____

Phone: _____

Emergency Contact information will also be used to send updates while we are in Kenya and/or Tanzania. If there are other people who you would like us to have on record, please list them on a separate page.



Volunteer Section

(not applicable if Climbing Only)

Interests, Skills and Experience:

Information listed on this page may be shared with team members prior to trip. Please check this box if you would like your answers on this page to remain confidential.

Why are you interested in participating in this trip?

What experiences (if any) do you have traveling internationally?

What experiences (if any) do you have in outdoor activities? Please list especially any experiences at high altitudes.

What skills and experiences do you hope to contribute during this trip?

There are a variety of ways that you can contribute during this trip. Please check any areas that you have experience and elaborate in the space below each item.

Therapy [(circle all that apply) physical, occupational, communicative]

Construction

Special needs education

Working with kids (games, crafts, etc.)

Medical assessment

Art/Painting projects

Other (please fill in) _____



Please explain how you will be a good candidate for representing HGT Travel Foundation, Kupenda and Gabriella Children's Rehabilitation Centre and their shared mission on this trip:

Please provide three references in the table below

Name	Relationship	Phone Number	Email Address



Travel Release Waiver

Traveler's Name: _____

Organization: _____

Dates of Trip/Destination(s): _____

I have carefully identified, reviewed and considered the risks of travel to my destination(s), including reading the most recent relevant U.S. State Department ("DoS"), Centers for Disease Control ("CDC"), and World Health Organization ("WHO") Travel Warning(s) available through <http://travel.state.gov/>, <http://www.cdc.gov>, <http://www.who.int.html> (Travel Warning). I hereby release, waive, discharge and covenant not to sue "Kupenda for the children", Gabriella Children's Rehabilitation Centre, HGT Travel Foundation or any of their trustees, officers, servants, agents and employees (hereinafter referred to as "releasees") from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or relating to any loss, damage or injury, including death, that may be sustained by me, or to any property belonging to me, while traveling to the destination described above. I voluntarily assume full responsibility for any risks of loss, property damage or personal injury, including death that may be sustained by me, or any loss or damage to property owned by me, as a result of my traveling to the destination described above. I further hereby agree to indemnify and save and hold harmless the releasees and each of them, from any loss, liability, damage or costs they may incur during my travels. It is my express intent that this Release shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a Release, Waiver, Discharge and Covenant Not to Sue the above named releasees. I know conditions in my destination(s) may change rapidly and will stay informed of current events on a frequent, at least daily, basis by obtaining updated security and health information from, and registering with, the nearest U.S. Embassy or Consulate General (see Travel Warning for contacts), and from the DoS, CDC and WHO websites. I will also enroll in the warden system with the U.S. Consulate(s) nearest my destination(s). If I am not a U.S. citizen, I will register with my home country's Embassy or Consulate and get updated information from the U.S. and my home country's Embassies or Consulates, and the DoS, CDC and WHO websites.

Signature: _____ Date: _____

If under 18 years of age:

Signature of Parent/Guardian: _____ Date: _____

HGT Travel Foundation will place a copy of this application on DocuSign which you will be required to electronically sign.



Volunteer Conduct Policy

- I. Purpose:
Volunteers of this program are required to follow the organization's guidelines for conduct at all times in order to establish and maintain a positive influence throughout the community it serves. HGT Travel Foundation and Kupenda U.S., along with its Kenyan counterpart, Kuhenza, and Tanzanian counterpart, Gabriella Children's Rehabilitation Centre have carefully thought about the needs of the community and designed programs and plans to meet those needs in sustainable ways.
- II. Definitions:
- a. Volunteer:
A volunteer is anyone contributing time or energy in support of the organization that is not a paid staff member.
 - b. Gift:
Any type of monetary or material item given to an individual in the community we serve including Gabriella Children's Rehabilitation Centre and Kuhenza staff, staff of schools supported by Kupenda or any the children we serve. This includes such items as candy, school supplies, clothing, and toys.
- III. Policy:
- a. Dress Code:
All volunteers are required to dress in culturally appropriate ways while representing the organization or attending church. This includes clothes that are not overly tight or revealing and skirts that go down to the knees or lower in length. During Kilimanjaro trek, volunteers should wear clothing appropriate for the conditions and recommended by trip leaders and guides.
 - b. Donations and Gift Giving:
At no time may a volunteer give a monetary or material gift to an individual in the community we serve without pre-approval by a U.S. staff or board member. There may be times when volunteers are asked for donations of money or materials, or feel, with the best of intentions that they can help by making such gifts. Giving money to local people can lead to financial dependency on volunteers and unsustainable expectations for future volunteers and the organization. It also may detract from the overall mission of the organization which is to serve children with disabilities. Keep in mind that the contracts of employees in Kenya and Tanzania prohibit them from requesting gifts of any kind from volunteers punishable by job loss.
 - c. Photographs and Other Media:
Volunteers should be considerate of taking pictures of people, homes, and food. No pictures, video, or other media should be taken without the subject's consent. All pictures and other types of media will be considered the property of HGT Travel Foundation and eligible to be used in promotional materials as necessary.
 - d. Relationships:
At no time may a volunteer engage in a romantic or physical relationship with any staff member or other local community member while representing HGT Travel Foundation, Gabriella Children's Rehabilitation Centre or Kupenda/Kuhenza in Kenya or Tanzania.
 - e. Ongoing communication:
All ongoing communication with Kenyan or Tanzanian staff should be done in a professional manner with the organization's best interest at heart.
 - f. Where to Direct Suggestions and Concerns:
Suggestions and concerns should first be brought to the attention of the volunteer trip leader, director, or assistant director of the organization. At no point is it appropriate to assume a position of authority over staff or other school personnel.
- IV. Consequences:
Any volunteer violating any of the aforementioned guidelines may be asked by a trip leader, director, or assistant director of the organization to cease any ongoing activities with the organization at any time. Additionally, volunteers found violating this policy will be unable to enroll in future programs. All conditions apply to volunteers even after they have completed their program and returned home.
- V. Conclusion:
Volunteers adhering to organizational guidelines for conduct have a very positive impact in the communities we serve. It is essential that our organization, in conjunction with volunteers, examine the most useful ways to make long-lasting, sustainable contributions. We require volunteers to uphold this policy and encourage them to stay involved with our organizations and inspire others to volunteer.

Kupenda's Mission Statement:

"To equip children with disabilities to achieve their God-given potential. Ultimately we want them to understand, along with their families and communities, that they have value and are deserving of love."

We assist children of all races, disabilities and religious affiliations. We ask that those who participate in Kupenda's activities respect its Christian beliefs and act accordingly. This includes but is not limited to having a loving attitude to the group on the trip, the Kenyan and Tanzanian staff, and most of all the children you will be working with.

By signing below, I acknowledge that I have read and understood the above policy, mission and agree to act within its guidelines.

Signature

Date

If under 18 years of age, signature of parent/guardian

Date

HGT Travel Foundation will place a copy of this application on DocuSign which you will be required to electronically sign.



Additional Information

Payment Policy

- Any deposits collected are non-refundable. Deposits are transferable only to another person's deposit upon approval by HGT Travel Foundation.
- All contributions/payments received in excess of fundraising requirements will be used in support of our Kenyan and Tanzanian projects and cannot be refunded.
- Participants must follow the payment schedule: \$100 application fee, 25% due 6 months prior to departure, 50% due 3 months prior to departure, 100% due 1 month prior to departure.
- Trip cost covers transportation within Kenya and Tanzania, accommodations (housing and meals), climbing fees, medical insurance for program dates only and porters' tips. Passports and VISA's for Tanzania and Kenyan, any expenses from an earlier return to Moshi during the climb and immunization fees (which may range from \$100-\$350) are not included in the cost of the trip.
- All checks must be written to "HGT Travel Foundation" (contribution is tax deductible) with your name noted on the check and sent to:

HGT Travel Foundation
ATTN: Kilimanjaro Climb
10207 Hanover Glen Road
Charlotte, NC 28210

Cancellation Policy

Cancellations initiated by HGT Travel Foundation: In the unlikely occasion that HGT Travel Foundation would need to cancel the trip, all money will be refunded to participants and/or contributors. Participants may also have the option to transfer to a later trip.

Cancellations initiated by Participant: If a participant needs to cancel their trip, please note that all deposits and contributions collected are non-refundable. They may be transferable to another participants account if approved by HGT Travel Foundation.

Registering with the US Embassy (if volunteering in Kenya)

Prior to leaving, we recommend registering with the US embassy. You can do this online, and it takes about 5 minutes.

Here are the steps to register:

1: Go to: <https://travelregistration.state.gov/ibrs/home.asp>. Click on "Register My Trip."

2. Click on "New Short Term Traveler" to pull up the form

3. Complete your contact info. Here is some info that will help to fill out the form:

-Purpose: volunteer trip

-Destination Type: house

-Address Line 1:

-City: Watamu

-Province: Coastal Province

-Phone: 254-733-316584

-Email: cindykupenda@gmail.com

Immunizations:

Each participant is required to receive the appropriate vaccinations and immunizations prior to travel. These include Malaria Pills, Yellow Fever, Typhoid, Hepatitis A and B. A current list of recommended immunizations can be found on the Center for Disease Control (CDC) website:

Kenya: <http://wwwnc.cdc.gov/travel/destinations/kenya.htm>

Tanzania: <https://wwwnc.cdc.gov/travel/destinations/traveler/none/tanzania>

Fees can range from \$100-\$350. We recommend starting with your primary care physician for vaccines, and then trying your local health department (ask for travel vaccines). *Passport Health* will have what you need but tends to be the most expensive.

Passports:

A valid US passport is required for international travel. Passports can take several months to process it will need to be valid for at least six months from your return date. Go to www.usps.com/passport for information on how to do this.