

Growing

Learning

Outreaching

Beyond

Adjacent

Lands

WHEN GOD SAYS GO



G.L.O.B.A.L. PROGRAM

GLOBAL APPLICATION WINTER 2018

What: A Journey Dedicated to Activities and Community Service

Where: TBA

When: WINTER 2018

Who: 12-17 years old; Proficient Grades; Passport (6 months Validity)

Cost: FREE

ATTACH
PHOTO
HERE
(REQUIRED)

"GLOBAL"- (Growing, Learning, Outreaching, Beyond Adjacent Lands) was created to grant adolescents of all ethnicity the opportunity to travel and spread the love of God all over the globe through service and fellowship while simultaneously learning different cultures and seeing God's beautiful creations.

All GLOBAL trips are rewarded at no cost to our families and provide an incredible, life-changing experience for children. Each child must be 12-17 years of age at the time of the trip. Each child must be on Honor Roll or Principal's List (All A's and B's). Please attach copy of latest report card. Each GLOBAL accepted into the program will receive an official t-shirt, backpack, passport holder, luggage tag, towel, water bottle, and lanyard before the trip.

If behaviors listed below occur with sufficient frequency to disrupt the normal functioning of the GLOBAL trip, they may result in a child's dismissal from the GLOBAL Program.

Such Behaviors include, but are not limited to:

- Fighting
- Foul Language, Cursing
- Self-Injurious Behavior
- Throwing Objects
- Wandering Away, Running Away
- Willful Destruction of Property

A COPY OF EACH CHILD'S VALID PASSPORT & HEALTH INSURANCE CARD IS REQUIRED FOR CONSIDERATION

Please send all completed applications and required documents to info@whengodsaysgo.org for consideration.

Please Note: All Successful Applicants Will Receive an Acceptance Letter via Mail

Email: info@whengodsaysgo.org • **Website:** www.whengodsaysgo.org

Executive Director: De'Kaleigha "DayDay" Wells

WHEN GOD SAYS GO

This Form Will be Copied & Given to the Director & Chaperones Caring for Your Child.

Please Complete All Sections

GLOBAL PERSONAL INFORMATION

Has Child attended a previous WGSG GLOBAL Trip? Yes No

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip _____ County _____

Phone _____ Date of Birth _____ Age _____

Height _____ Weight _____ School _____

Gender: Male Female Adult Shirt Size: XS S M L XL XXL XXXL

PARENT/GUARDIAN INFORMATION

Name _____ Relation to Child _____

Address _____

City _____ State _____ Zip _____ County _____

Day Phone _____ Night Phone _____

Cell Phone _____ E-Mail _____

EMERGENCY CONTACT PERSON #1 (MUST BE AVAILABLE WEEK OF THE TRIP)

Same as Parent/Guardian Information? Yes No (If no, please complete the information below)

Name _____ Relation to Child _____

Address _____

City _____ State _____ Zip _____ County _____

Day Phone _____ Night Phone _____

Cell Phone _____ E-Mail _____

EMERGENCY CONTACT PERSON #2 (MUST BE AVAILABLE WEEK OF THE TRIP)

Name _____ Relation to Child _____

Address _____

City _____ State _____ Zip _____ County _____

Day Phone _____ Night Phone _____

Cell Phone _____ E-Mail _____

GLOBAL PERSONAL INFORMATION (CONTINUED)

Social Security Number _____ Date of Last Physical Exam _____

Insurance Carrier _____ Group Number _____

Member Name _____

My Child does NOT have insurance

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IMMUNIZATION

Proof of immunizations required for children 16 and under

Dates of Illness or Immunization: (*Please attach copy of immunization record*)

_____ Polio, Type: _____	_____ HIB Virus
_____ Measles ('red')	_____ Chicken Pox
_____ Rubella ('German')	_____ Other (specify): _____
_____ Diphtheria/Pertussis/Tetanus	

PERMISSION TO GIVE OVER-THE-COUNTER MEDS (OTC) ON AS NEEDED BASIS

Please initial each medication or its generic equivalent that may be administered to your child. Write "NO" beside any medications you do not wish administered to your child. NOTE: You must have a doctor's written orders for any OTC medications to be administered on a regular, scheduled basis to your child.

_____ Benadryl (allergies)	_____ Midol (cramps)
_____ Cortaid (skin cream)	_____ Pamprin (PMS)
_____ Emetrol (nausea)	_____ Pepto Bismol (stomach)
_____ Ibuprofen (pain, fever)	_____ Robitusson (cough)
_____ Imodium (diarrhea)	_____ Sudafed (congestion)
_____ Lanacane (skin itch, pain)	_____ Tylenol (pain, fever)
_____ Laxatives (constipation)	_____ Tylenol PM (congestion)
_____ Maalox (heartburn)	_____ Other: _____

I give my consent by signature below for medical treatment to be obtained for my child by a representative of *When God Says Go* in the event I (or my emergency contacts) are unable to be reached. Agreement to Pay for Medical Treatment: I understand that in the event of a medical emergency affecting my child, EMS may be called and my child may undergo hospitalization and/or treatment. I agree to assume all costs associated with such summoning of emergency medical care, hospitalization, and treatment, and I hold *When God Says Go*, its staff, Board of Directors, and volunteers harmless for any liability, medical or financial, arising from such.

Child Signature _____ Date _____

Parent/Legal Guardian Signature _____ Date _____

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Name of Child: _____

Chronological age: _____ Mental age: _____

DIABETIC

- Yes (see eating/diet section) No
 Insulin Dependent

EATING/DIET

- Diabetic Diet Special Diet
 No help needed at meals
 Needs help only with: _____
 Retainer Braces Dentures

ALLERGIES

- None Yes (list below)

Food: _____

Medication: _____

Other: _____

SEIZURES

- None Regularly
 One or Two as a Child
Type: _____ Date of Last Seizure: _____
Usual frequency: _____
Usual duration of seizures _____ minutes
Triggered by: _____

MEDICATIONS

- No Meds Prescription Meds Only
- | Medication | Dose | Time |
|------------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Attach sheet for additional medications

BEHAVIOR PROBLEMS

- Yes No

Problems Triggered By: _____

**Behavioral Issues May Result in Dismissal*

VISION

- Normal Limited Glasses Blind

HEARING

- Normal Aids Hard of Hearing
 Deaf

SLEEP

- No problems Usual Bed Time: _____
 Walks in Sleep Awakes at: _____

SELF CARE (EX: BRUSH TEETH, BATHE, RESTROOM, DRESSING)

- Does all alone
 Needs some help with: _____
 Needs total help in all areas

ANY DIAGNOSIS

Please list all (ex: seizures, asthma, diabetes, MR, psychosis, etc.)

1. _____
2. _____
3. _____

ACTIVITY RESTRICTIONS

- Yes No

Explain: _____

COMMUNICATION

- No problems
 Non-Verbal Sign Language

SWIMMING

- Knows how? Yes No
Ear Plugs for Swimming? Yes No

HEAT TOLERANCE

- Good Fair Poor
 Dehydrates Easily

ADDITIONAL INSTRUCTIONS

WHEN GOD SAYS GO

CHILD BACKGROUND

Instructions:

- Answer the Following Questions about the Prospective GLOBAL.
- Only Completed Applications Will be Considered.
- Please Provide as Much Detail as Possible.

Child's Full Name: _____

1. Describe your child's relationship with parent(s)/guardian(s), sibling(s), peers, etc.
2. What are some of your child's special interests, hobbies, or skills?
3. What is your child's best personality traits?
4. Does your child have other special concerns or problems that WGSG should know about?
5. How will your child benefit from a trip with WGSG's GLOBAL Program?
6. While away, how should your child react to separation from his/her family/caregivers?
7. What frustrates your child the most?
8. Has your child been exposed to any other cities, states, countries, or continents?
9. Is Child Fluent in English? *(If No, please specify which language(s))* Yes No

I certify that all of the preceding information is true and correct. I understand that this information is being collected and is freely given for the determination of acceptance into the GLOBAL Program and that deliberate misrepresentation of the information may subject my child to refusal of acceptance into the program or dismissal from the program.

Parent/Legal Guardian Signature _____ Date _____

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PERMISSIONS (Please Check Each to Give Consent)

- I understand that all GLOBAL trips involve travel both within and outside the United States. As a result, my child MUST have a valid passport with at least 6 months validity from the last day of the trip.
- I will arrange for my child to get to and from the designated departure location. This includes both drop off and pick up at the conclusion of the trip.
- GLOBAL trips by automobile, cruise ship, airplane, or train depending upon the scheduled itinerary will be necessary and I understand the nature of the risks involved, and choose to voluntarily accept all risks.
- In consideration for the GLOBAL Program, I release *When God Says Go* from liability and waive my right to sue *When God Says Go*, their employees, officers, volunteers and agents from any and all claims, including claims of the Organization's negligence, resulting in any physical injury, illness (including death) or economic loss my child may suffer or which may result from my child's participation in the GLOBAL Program, travel to and from each destination (including all methods of travel), or any events incidental to this program.
- I understand all the risks involved, I give my child permission to attend the GLOBAL Program Trip. He/she may participate in all activities if granted acceptance into the Program. I understand that I am responsible for the obligations and acts of my child and I agree to be bound by the terms of this document.
- GLOBAL participants will be photographed and/or videotaped by the *When God Says Go* organization's official photographer. This photo release gives *When God Says Go* and/or its approved partner's permission to photograph and/or videotape your child and release said photos or videos for publication.

Parent/Legal Guardian _____ Date _____

Child Signature _____ Date _____

FOR OFFICE USE ONLY:

Date Application Received: _____

Application Received By: _____

Accepted _____ Not Accepted _____

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