**PWW Trip Volunteer Application Form**

In preparation for your volunteer trip with PWW, pleasecomplete the application (pages 1 & 2) and return, ***with a color copy of your passport*** ***and*** ***a $500 deposit***, to:

Pure Water for the World, PO Box 55, Rutland, VT 05702
Fax: 802.773.8575 | Email: jamin.gelder@purewaterfortheworld.org

I will be traveling with PWW to: Haiti [ ]  Honduras [ ]  Travel Dates:

Your Name (as appears on passport):

Preferred name (if different):       Birthdate:

Passport Number:       Expiration Date:

Mailing Address:

City:       State:       Zip code:

Primary Phone: (     )       Secondary Phone: (     )

Email Address:

Emergency Contact:       Phone number:

Are you traveling with a person with whom you wish to share a room? [ ]  Yes [ ]  No

If yes, name:       Do you prefer [ ]  1 bed or [ ]  2
*\*Note: All rooms are double occupancy. Private rooms are available for an additional $250.*

Allergies/dietary issues we should be aware of:

Do you have trouble walking/hiking, doing manual labor, being outside in the heat, or other health conditions we should be aware of?

What is your primary inspiration for participating in this trip?

**Trip Payment Schedule.**

A $500 deposit is required to secure your spot. Deposit should be submitted with trip application. Final payment is due 45 days prior to the departure date.

**Refund policy.**Should you need to cancel your trip, following outlines the refund policy:

* > 60 days prior to trip departure date receive a full refund, less $250 administrative fee.
* 45-60 days prior to departure date, forfeit $500 deposit.
* 15-44 days prior to departure date, receive refund of 25% of trip cost.
* < 15 days of departure date, receive no refund.

Cancellation fees will be designated as a donation to the trip project.

For cancellations made more than 15 days prior to departure date, up to 100% of the trip fees may be transferred to another trip date. Please contact PWW for details.

[ ]  Please check here to confirm you have read and agree to the payment schedule and refund policy.

Signature:       Date: