

**University Church–Guatemala Partnership
Delegation to Guatemala
April 27– May 6, 2017
Delegate Information Sheet**

NAME (as it appears on passport)_____

ADDRESS_____

CITY, STATE, ZIP_____

TELEPHONE_____

EMAIL_____

BIRTHDATE_____

PASSPORT NUMBER_____

DATE OF ISSUE & EXPIRATION DATE_____

COUNTRY OF ISSUE_____

(Please make a copy of the first page of your passport and carry it with you in a separate place from your passport)

EMERGENCY CONTACT_____

RELATIONSHIP_____ TELEPHONE_____

HEALTH INFORMATION (this information will be kept confidential. We ask these questions in the interest of the well-being of the whole group and to help your leaders to accommodate your special needs and/or take appropriate measures in the event of a health emergency.)

1. How would you rate your general health?
Excellent_____ Good_____ Fair_____

2. What is your blood type? _____

3. Please list any allergies (including to medications), chronic conditions, or other health issues that may affect your participation on this trip:

4. Please list any regular medications that you take:

5. Traveling in Guatemala can be both physically and emotionally stressful. What are your personal methods of coping with situations of uncertainty, unfamiliarity, fatigue, and stress?

6. What are some of your character strengths that you can offer to this group while we are in Guatemala? What role do you usually play in a group? Are you someone who puts others at ease, who likes to challenge others to think more deeply, who can lighten up group tension with some humor, who is a problem solver, who likes to question, who responds compassionately to others (these are ideas, not an exhaustive list)?

7. What hopes or expectations do you have for this trip?

8. What concerns or fears do you have about this trip?

