## ★ HOPE GARDEN SERVICE TRIPS – APPLICATION FORM ★

Thank you for your interest in serving with Hope Garden. Please complete the application below. Note that this is only an application form and does not guarantee acceptance to a trip. Following review, further documents will be required including a registration form, health information, policy agreement forms, and payment schedules.



| AFFEICANT INFORMATION                                                       |
|-----------------------------------------------------------------------------|
| Full Name:                                                                  |
| Date of Birth (MM/DD/YYYY):                                                 |
| Address:                                                                    |
| Street:                                                                     |
| City: State/Province:                                                       |
| Postal/ZIP Code: Country:                                                   |
| Email Address:                                                              |
| Phone Number (Home):                                                        |
| Cell Phone Number:                                                          |
| TRIP PREFERENCES                                                            |
| Preferred Trip Dates:                                                       |
| (Please indicate the date and week you are interested in attending)         |
| Project Interest Area(s):                                                   |
| (Briefly describe what type of project or work you are interested in doing) |
| Are you attending with a:                                                   |
| □ Church (Name:)                                                            |
| □ School (Name:)                                                            |
| □ Other (Friend/Group Name:)                                                |
| □ I am applying individually                                                |
| IMPORTANT INFORMATION                                                       |

## IMPORTANT INFORMATION

Once this form is completed, please submit to:

contact@hopegardenmin.com

ADDITION INTO MATION

Please note that this is an application only. Acceptance is not guaranteed at this stage. If selected, you will be asked to complete a formal registration, health and safety forms, policy agreements, and a payment schedule.

Thank you for your application!

We are grateful for your desire to serve with Hope Garden. Once your application is reviewed, we will be in touch. We'll do our best to match you with a trip that aligns with your interests and skill set.

"With appreciation,

The Hope Garden Team