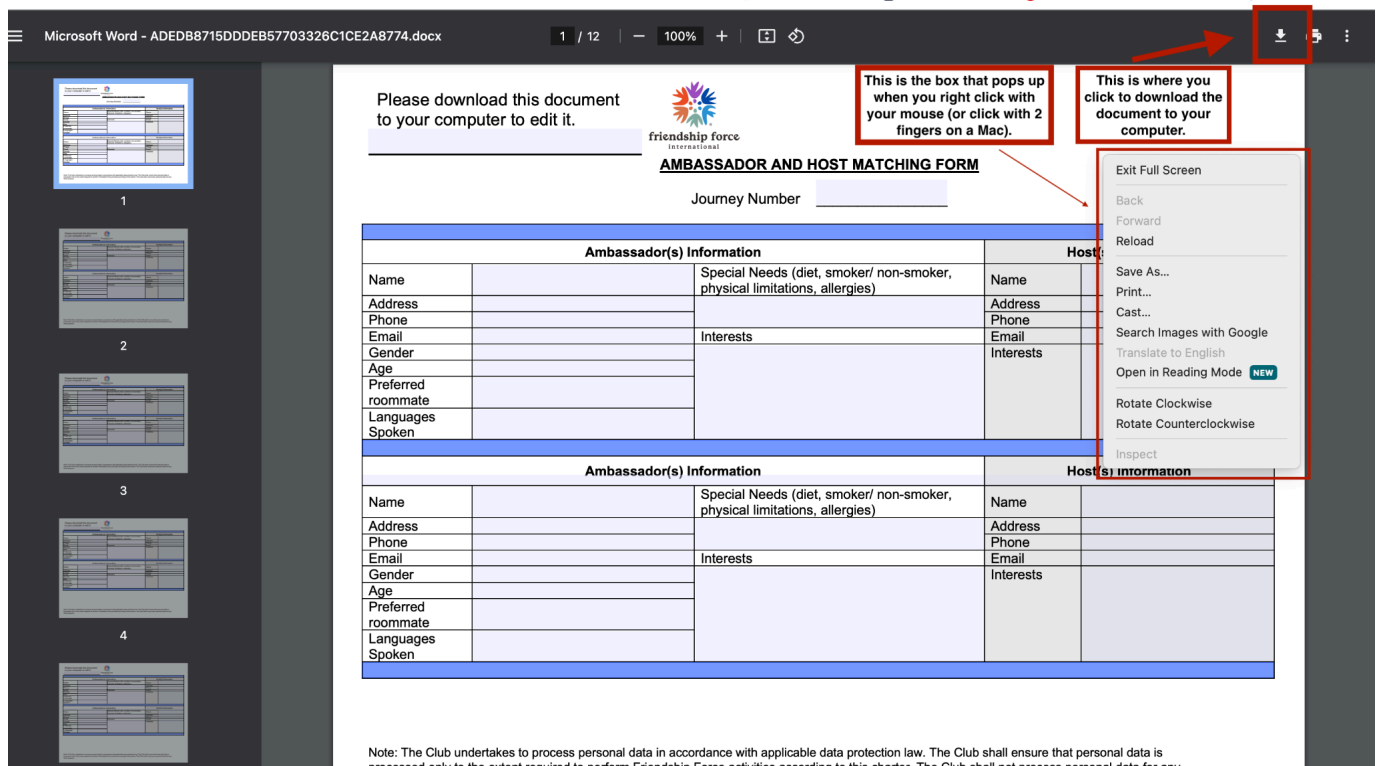


Instructions for completing a Fillable PDF form

Please review the following instructions for successfully completing the fillable PDF form:


- Important:** You need to save the document to your computer before filling it out. Do not complete the form online within your web browser, your data will NOT be saved. To save it, either right click with your mouse and click “Save As” and save it to your computer. Or click the download arrow in the top right hand corner and download the document to your computer.



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Please download this document to your computer to edit it.


AMBASSADOR AND HOST MATCHING FORM

Journey Number []

Ambassador(s) Information			Host(s) Information		
Name		Special Needs (diet, smoker/ non-smoker, physical limitations, allergies)	Name		
Address			Address		
Phone			Phone		
Email		Interests	Email		
Gender			Interests		
Age					
Preferred roommate					
Languages Spoken					

Note: The Club undertakes to process personal data in accordance with applicable data protection law. The Club shall ensure that personal data is processed only to the extent required to perform Friendship Force activities according to this charter. The Club shall not process personal data for any

- Use only the latest version of Adobe Reader to complete fillable PDF forms. Macintosh and Windows versions of the free Adobe Reader are available from Adobe at <http://get.adobe.com/reader/>.
- Once you have saved the form to your computer, you are ready to complete the form.
- Open the form.
- After you have completed the form, save a final version of the file to your computer.
- You can then attach the document to an email message to send to the journey coordinator.



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EMERGENCY MEDICAL INFORMATION FORM

If you need emergency medical treatment during the Journey, we will make this information available to the attending medical staff. If not, it will be destroyed at the end of the Journey. Please complete ONE FORM PER PERSON and seal it in an envelope with your name on the outside of the envelope. Give the envelope to the Ambassador Coordinator for safekeeping.

Full Name: _____

Address: _____

Date of Birth: _____

Social Security #: _____

Emergency Contact Person: _____

Relationship to you: _____

Home phone: _____

Mobile: _____

Email: _____

Health insurance policy names/numbers: (or attach a copy of both front and back of each insurance card) _____

Current medical conditions (include history of major hospitalizations and/or surgeries):

Recent Hospitalizations: _____

Please list both brand and generic names of medications you are currently taking (include name, strength, and dosage schedule of each medication):

Name of Medication	Strength	Dosage Schedule

Please list any drugs to which you experience an adverse reaction:

Immunizations (check those you have had): Hepatitis A Hepatitis B

Pneumovax Zostavax (Shingles) Covid-19 Flu

Date of last tetanus injection: _____

Last influenza injection: _____

Last Covid-19 vaccine or booster: _____

I hereby certify that the above information is accurate and complete to the best of my knowledge.

Signed: _____

Date: _____

(Attach copy of passport opened to signature and photo pages)