



## Workshop Training Application

**Instructions:** Please complete the following application in its entirety, save the file, then email completed form to: [info@notabandoned.org](mailto:info@notabandoned.org). If you prefer to complete by hand, please mail your form to Not Abandoned, C/O Workshop, PO Box 3263, Kirkland, WA 98083.

APPLICANT:

TRIP DATE:

### Personal Information

Address: City: State: Zip/Postal Code:

Gender: Age: Birth Date:

Preferred Email: Phone

If employed, please note name of employer:

**Passport Information:** You will need a US passport, valid at least 6-months from date of travel.

Name as it appears on passport: Passport No: Exp Date:

If you do not have a valid US passport, please visit: [http://www.travel.state.gov/passport/passport\\_1738.html](http://www.travel.state.gov/passport/passport_1738.html)  
Please note that a Visa is not required for visits under 30 days.

### Family Information

Marital Status: Spouse's Name (if applicable):

Children's Names/Ages (if applicable):

### Professional Information

Employment Status: Employer's Name (if applicable):

Position and brief description of responsibilities:

## Roommates & Team Building

In order to save costs and ensure that money is spent wisely in Thailand, volunteers will be assigned a roommate to share a hotel room for the duration of his/her stay.

### **Are you okay sharing a room?**

Absolutely

I'd really prefer my own room. Please let me know what the additional cost will be.

### **I am traveling with a friend/partner. Please pair me with:**

### **If you are traveling alone, please indicate your preferences in consideration of roommate pairing:**

#### **Do you snore?**

Yes, it happens.

Not to my knowledge.

#### **Which best describes you:**

Messy hotel rooms drive me nuts!

A modicum of order would be helpful but I'm not a total neat-freak.

Keep the hotel room tidy? Too much work.

#### **Night-owl or morning-person?**

Generally, I like to go to bed early and get up early.

Generally, I like to go out in the evening or read/putter before bed then sleep in when possible.

Anything goes.

**Are you a smoker?**            Yes            No

#### **Any details or special requests to consider when pairing you with a roommate?**

## Personal Motivation

**What sorts of skill or class are you interested in teaching?**

**Why are you interested in training/teaching on this particular subject?**

**Do you have previous experience teaching others a new skill?**

**How did you learn about this opportunity?**

Website, a friend, etc.

**What are your motivations for participating in *this* trip?**

**What is your ultimate goal in working with this demographic of women/ what does “success” look like to you?**

**It’s likely that a “bar girl” (prostituted woman) will ask you “why are you doing this for me?” How might you respond?**

**Are you/have you been involved in any other efforts to prevent human trafficking or sex slavery?**

**Is there any legal or moral issue that could impact your involvement on this trip?**

Yes      No      If yes, please describe.

**What kinds of service have you participated in? (ie: volunteer work, fundraising, ministry, etc.)**

**If applicable, what other missions have you participated in?**

<u>Date</u>	<u>Location</u>	<u>Mission</u>
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## Previous Travel Experience

**What other countries (outside of the US/Canada) have you visited or lived in?**

**Please share any difficulties or challenges you may have experienced.**

## Personality Overview

**What do you consider your greatest personal strengths or attributes?**

**What are a few things that frustrate you the most?**

**Do you tend to work best alone or on a team?**

**Which better describes you best?**

I am compassionate. I feel deep sympathy and sorrow for another who is stricken by misfortune and wish to alleviate his/her suffering. I will do or share whatever I feel is best to help them to a better place in their life.

I am empathetic. I have an innate ability to see the world through someone else's eyes and understand their feelings, needs or concerns. I will do what I sense they need in order to help alleviate their suffering.

**Help us get to know you better.**

On a scale from 1 to 10, ten being “extremely so”, please rate yourself in the following areas.

	Not At All			Moderately So				Extremely So		
	1	2	3	4	5	6	7	8	9	10
Outspoken										
Adaptable										
Adventurous										
Bossy										
Observant										
Creative										
Forgiving										
Calculated										
Nervous										
Outgoing										
Thrive Working in a Team										
Thrive Working Alone										
Self-Confident										
Shy										
Leader										
Flexible										

## Faith Preferences

**Which of the following best describes you?**

I have clear religious beliefs

I am spiritual but not religious

I do not have a formed religious belief system

**Why did you choose this description?**

**If you selected A or B above, what is your religion of choice?**

**Do you consistently attend a house of worship? If yes, list name and any relevant history:**

**Briefly describe your spiritual journey, however you define it.**

**Have any events or activities impacted you spiritually over the past few years?**

**Do you have any difficulties working with people who have strong doctrinal viewpoints different from your own?**

**Do you feel it's your primary duty during this outreach to teach others about Christ or God, in order for their lives to be healed? (i.e. evangelism)**

ADDITIONAL COMMENTS:

## Health/Medical

Although we take great care to provide adequate housing and working conditions, this trip can be strenuous and stressful. It is important that you communicate any medical limitations or pre-existing conditions we should be aware of.

Your journey will include a long flight, the need to carry your own luggage, exposure to hot and humid conditions, and walking significant distances. All of these factors may aggravate certain health conditions. Thailand does have adequate medical support systems; however, it's important for us to understand your health status in order to better assist any needs that may present themselves during our time together.

**Do you have any physical conditions which may limit your physical abilities? (ie: knee, back, auto-immune, etc.)**

Yes      No      If yes, please describe

**Do you regularly take any vital prescription medications?**

Yes      No      If yes, please describe

**Do you have any special dietary needs or food allergies?**

Yes      No      If yes, please describe

**Are there any serious health issues that should be known incase case of a medical emergency?**

Yes      No      If yes, please describe

**Who should we contact in case of a medical emergency?**

Name

Phone

Email

**Do you have any medical expertise that could help others in case of an emergency?**

**SUBMIT APPLICATION**

**Or SAVE this form as a NEW document and email it manually to [REDLIGHT@notabandoned.org](mailto:REDLIGHT@notabandoned.org)**