2019 Woman-to-Woman Worldwide
Morocco
October 2019 (Exact dates TBD)

Approximate Cost: $5,000 (not including personal airfare to/from city of departure)

Registration Form – Due By February 15, 2019

Please Print Legibly and Include All Information Requested

Full Name *(as it appears on passport)*_____

(It is imperative that your name information exactly matches your passport)

Name you prefer to be called _____

Address _____

City_____ State/Province_____ Zip Code_____

Home Phone_____ Work Phone _____ Cell_____

E-Mail_____(required)

(This is a requirement due to the need to quickly disseminate information. It may be a close friend or relative, if you do not have your own email account.)

Passport Number _____ Expiration Date_____ (PP# or date of application required)

Demographics: to insure a wide representation in our group, we ask the following:

Ethnicity_____ Country of Birth_____ Age_____ DOB_____

Occupation_____ Region_____

Congregation (**REQUIRED):** _____

Pastor's Name_____Pastor's Email:_____

Address_____

1. Please list any involvements/responsibilities you have in:
   Region _____
   Congregation_____
   Community_____
   Other _____

2. Should the opportunity arise, what particular types of groups would you be interested in meeting? (i.e. rural women, church workers, community organizers, educators, politicians, etc.) What issues are you interested in exploring? (human rights, women's concerns, etc.)
   _____
   _____

3. Do you have connections in our scheduled countries? (family, friends, work, church)
   _____
   _____

4 Are you involved in any work of support in our scheduled countries? (i.e.: poverty, hunger, women's agenda, immigration, etc.)_____

5. Please share some of your expectations of your experience in our scheduled countries._____

6. How do you plan to share your experience with the church and other groups in the United States and Canada when you return?_____

7. Have you attended a W2WW experience before? If yes, when and where?_____

Candidate Guidelines

YES NO I understand I need a recommendation letter from my regional women's staff or constituency president. (In absence of either position, a recommendation from the regional minister is required.)

YES NO I have physical limitations. If yes, describe_____

YES NO I have allergies. If yes, describe_____

YES NO I have chronic medical issues. If yes, describe_____

Please initial on the line next to each statement that applies to you.

_____ I understand I am responsible for bringing enough of my medications.
_____ I understand there may not be electricity and/or refrigeration.
_____ I have a valid passport that expires at least six months after we would return.
_____ I am able to walk up three flights of stairs carrying my own luggage.
_____ I am able to walk a mile in 15 minutes without stopping.
_____ I am able to go without alcohol for two weeks.
_____ I am able to check pre-trip emails at least weekly, navigate the web, and print needed materials. (either personally or I have the support system to do so)
_____ I am able to listen with my brain as well as my ears.
_____ I am able to be flexible and understand that things may not always go as planned.
_____ I am able to put my wants aside for the good of the group and the schedule.
_____ I am able to follow written and spoken directions.
_____ I am able to be on time, every time.
_____ I am able to go without electronic devices for 24 hours or longer.
_____ I am able to get along with others different from myself.
_____ I am willing to go outside my personal comfort zone in order to help fellow participants.
_____ I will read all provided materials prior to the journey.
_____ I am willing to talk to outside groups and ask for their help with either my own fundraising or with donations for a service project.

_____ I realize this is not a vacation trip and I may not have all the comforts of home (Hot water, flushing toilets, daily showers) and I may not know the extent of this until I arrive in country. There is potential for more camping like than luxury hotel accommodations.

_____ I am willing to share a room for two weeks with someone who may be very different from me in age, temperament and background.

_____ I am able to live out of a suitcase for two weeks. This suitcase should be no bigger than 26".

February 15 – Application is due.
March 1 – Notice of Acceptance to participants and regional staff.
May 1 – Deposit of $600 AND two copies of pages 1 & 2 of Passport due.
June 1 – 1/3 of balance of the registration fee is due and deposit is non-refundable.
Cancellations after this point are subject to airfare and hotel cancellation penalties.
July 15 – ½ of remaining balance of the registration fee is due.
August 15 – The balance due must be paid by August 15

Please send APPLICATION FORM to:
Disciples Women, Attention: W2WW, PO Box 1986, Indianapolis, IN 46206-1986

_____ YES, I have contacted my regional women's staff or constituency president and have requested a letter of endorsement for my participation.

Letters should be mailed directly to Disciples Women by **February 15, 2019**
or emailed to odw@dhm.disciples.org

************RELEASE FORM************

I hereby waive any and all claims for illness or injury which directly result from my participation in the Woman-to-Woman Worldwide experience to our scheduled countries for myself, heirs, administrator, executor and assigns against staff and sponsors of the Woman-to-Woman Worldwide program. I further state that I have read the online Candidate Guidelines, understand them, meet or exceed them, and agree to abide by them. I confirm that I am physically able to fully participate in this journey. **I give permission to use my likeness and written word in any matter deemed necessary to advertise or promote the W2WW program.** ***I am aware that all reasonable basic precautions are taken by Woman-to-Woman Worldwide staff.*** **I am responsible for reading provided materials.**

Signature_____ Date_____

THIS APPLICATION DOES NOT ASSUME ACCEPTANCE.

First consideration will be given to women who have *not* participated in previous Woman-to-Woman Worldwide experiences.

PLEASE COMPLETE THE ENTIRE FORM.
INCOMPLETE OR LATE APPLICATIONS MAY NOT BE CONSIDERED.