

Congressional Accompaniment Project Tour (CAP)
August 8 – 18, 2009
Application

PERSONAL DATA

1. Passport Information: Name on your Passport: _____
Nationality _____ Number _____
Birth date _____ Sex _____ Birthplace _____
Place of Issuance _____ Expiration date _____
2. Preferred name (if different from above): _____
3. Address: Street _____ City _____ State _____ Zip _____
4. Home phone _____ Cell _____ email _____
5. Do you desire a single room? (if so, there is an additional charge) _____
6. Indicate roommate preference if any _____
7. Your general health is: Excellent _____ Good: _____ Fair _____
8. Do you have any physical problems, allergies, disabilities or dietary considerations? _____
If so, please Explain:

9. Are you covered by illness and accident insurance at home for overseas travel? _____

10. Please rate you ability to communicate:

In Arabic: Excellent ___ Good ___ Poor ___ None ___

In Hebrew: Excellent ___ Good ___ Poor ___ None ___

Emergency Contacts:

a. Name _____ Day phone _____ Cell Phone _____ Relation _____

b. Name _____ Day phone _____ Cell Phone _____ Relation _____

Please respond briefly to the following questions:

1. How did you first learn about the CAP tour?

2. What are your personal goals for this tour?

3. What is your current occupation or college major and what is the nature of your work or academic interest?

4 Please write a brief personal history.

5. Are you actively involved with a Church, Mosque, Synagogue, Meeting or other religious Group? Please describe your involvement.

6. In what ways are you active in your community (art, culture, politics, education, sports, etc)?

7. Briefly describe any of your travel experiences out of the U.S. Especially noting those in less-developed countries or places of conflict.

8. How have you acquired your knowledge/information of the Middle East and kept yourself up to date? List any books and periodicals read, movies seen, or course work you have done.

9. What skills or abilities might you contribute to the group interaction?

- | | | |
|--|--|--|
| <input type="checkbox"/> Writing/recording | <input type="checkbox"/> Videotaping | <input type="checkbox"/> First Aid |
| <input type="checkbox"/> Music | <input type="checkbox"/> Bible/Koran Scholarship | <input type="checkbox"/> History; etc. |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Computer skills | |
| <input type="checkbox"/> Translation | <input type="checkbox"/> Other _____ | |

10. How will you share your tour experience with others when your return?

PERSONAL REFERENCES

Please give us two references from different life experiences: friends, co-workers, clergy, etc.

NAME	ADDRESS	PHONE	RELATION
1. _____	_____	_____	_____
2. _____	_____	_____	_____

PLEASE ENCLOSE A PHOTO OF YOURSELF & RETURN THIS APPLICATION WITH A DEPOSIT OF \$ 150. MAKE CHECKS PAYABLE TO:

The Presbytery of San Jose - CAP
444 Whispering Pines Dr #122 Scotts Valley CA 95066

Applicant's signature _____ Date _____