

## christian peacemaker teams Delegation Application

- Please fill out the information below to help us plan for how you can most effectively participate in an upcoming CPT delegation. You will note particular emphasis on the role of support persons for this peacemaking mission.
- Please attach a letter or essay** giving us some idea of your experience in: cross cultural work, nonviolent direct action, undoing racism, mediation, or other peacemaking activity. Include thoughts on how you plan to make use of this delegation experience.
- Sign the *Statement of Personal Responsibility*** included at the end of this form.
- Optional:** Please send a brief resumé of your education and work experience, if available, to [delegations@cpt.org](mailto:delegations@cpt.org).

CPT has limited funds available to assist applicants who otherwise couldn't participate. CPT is committed to undoing oppressions and will give preference to funding assistance for applicants from communities who have been disadvantaged by racism and other oppressions. Contact [delegations@cpt.org](mailto:delegations@cpt.org) to apply.

### Application Form

**Which delegation location(s) are you interested in?**

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**Which delegation date(s) are you interested in?**

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**Name (as it appears on your passport):** \_\_\_\_\_

**Preferred name:** \_\_\_\_\_

**Street address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**State/Province:** \_\_\_\_\_ **Zip/Post Code:** \_\_\_\_\_ **Country:** \_\_\_\_\_

**Home telephone number:** \_\_\_\_\_

**Work telephone number:** \_\_\_\_\_

**Mobile/cell number:** \_\_\_\_\_

Email address: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Passport #: \_\_\_\_\_ Place of issue: \_\_\_\_\_

Date of issue: \_\_\_\_/\_\_\_\_/\_\_\_\_ Expiration date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Citizenship: \_\_\_\_\_

Health insurance company: \_\_\_\_\_

Health insurance policy number: \_\_\_\_\_

Health insurance phone number: \_\_\_\_\_

What city will you fly out of? \_\_\_\_\_

Frequent Flier info: \_\_\_\_\_

**OPTIONAL: Please indicate any mental health concerns, and list any medications you regularly take:**

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**Dietary restrictions (vegan, vegetarian, etc.):**

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**Blood type:** \_\_\_\_\_

**Gender identity:** \_\_\_\_\_

*CPT welcomes people of all gender identities. Please answer freely.*

**Are you currently on CPT's mailing list?**  Yes  No

**Emergency contact:**

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**Street address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**State/Province:** \_\_\_\_\_ **Zip/Post Code:** \_\_\_\_\_ **Country:** \_\_\_\_\_

**Primary telephone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Relationship to you:** \_\_\_\_\_

**Please list a support contact from your faith community or other community of support:**

*Please include the name of the person and the name of the congregation/faith community/meeting/etc.*

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**Street address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**State/Province:** \_\_\_\_\_ **Zip/Post Code:** \_\_\_\_\_ **Country:** \_\_\_\_\_

**Primary telephone:** \_\_\_\_\_

**Secondary telephone:** \_\_\_\_\_

**Please check all that apply. I have experience, skills, or training in:**

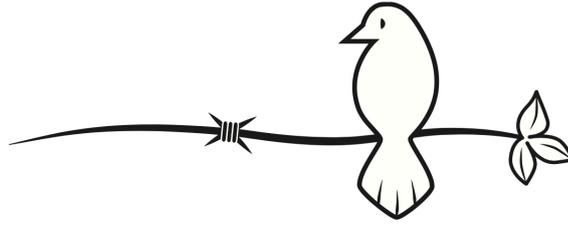
- Group facilitation
- Leading worship
- Writing articles or press releases
- Translation  
*Language(s):* \_\_\_\_\_
- Organizing peace actions
- Nonviolent direct action
- Visual arts or street theater
- Decisionmaking in emergencies
- Fundraising
- Photography

**Please check all that apply. On this trip I plan to make/take/write:**

- Photos
- Audio recordings
- Video recordings
- Articles
- Yes, they can be shared with others.*

**OPTIONAL: CPT seeks to include participants of diverse backgrounds on its delegations. How would you describe yourself?**

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## christian peacemaker teams

# Statement of Personal Responsibility

I (*print name*) \_\_\_\_\_ have voluntarily joined the Christian Peacemaker Team traveling to  
(*place*) \_\_\_\_\_ from (*dates*) \_\_\_\_\_.

I am aware that I am entering a situation that may be tense at the present time and that there may be a danger of war or other violent conflict occurring while I am there. I understand that this is a project of nonviolent peacemaking.

I understand that I could be imprisoned, taken hostage, injured or even killed. I understand that in cases of hostage-taking or kidnapping it is CPT's policy not to pay ransom and to reject military or violent approaches to resolving the matter. I also understand that access to health care facilities, adequate shelter and food may be difficult on occasion.

I assume and accept full responsibility for any risks of personal injury, illness, damage, imprisonment or other deprivation that may occur as a result of my participation in this program including, but not limited to, the risks described above.

I understand that Christian Peacemaker Teams and its supporting denominations (Church of the Brethren, Friends United Meeting, Mennonite Church Canada, Mennonite Church USA or any other supporting denomination or group), employees, or volunteers cannot ensure my safety or well-being while on this trip.

I also hereby release and agree to hold harmless the Christian Peacemaker Teams and its supporting denominations, members, employees, directors, agents and successors from any and all liability or claims, demands, rights, causes of action, whether known or unknown, brought by me or on my behalf by my heirs, beneficiaries, executors, or assigns.

I am at least eighteen (18) years old and have read and understood the above statements.

Signed this day \_\_\_\_\_ of (*month*) \_\_\_\_\_, 20\_\_\_\_\_.

*your signature* \_\_\_\_\_

*witness #1 signature* \_\_\_\_\_

*witness #1 print name* \_\_\_\_\_

*witness #2 signature* \_\_\_\_\_

*witness #2 print name* \_\_\_\_\_