

## 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:**

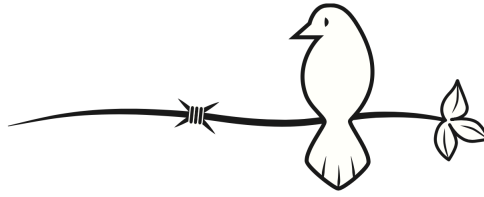
- Group facilitation
- Leading worship
- Writing articles or press releases
- Translation  
*Language(s):* \_\_\_\_\_
- Organizing peace actions
- Nonviolent direct action
- Visual arts or street theater
- Decisionmaking in emergencies
- Fundraising
- Photography

**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 For Delegates

I (*print name*) \_\_\_\_\_ have voluntarily joined the Christian Peacemaker Teams (CPT) delegation to (*place*) \_\_\_\_\_ from (*dates*) \_\_\_\_\_.

I understand that the delegation takes place in a geographical context where there might be tensions, political unrest, danger of war, or other violent conflict occurring while I am there.

I understand that CPT abides by the principles of nonviolent peacemaking and I agree to follow CPT's practices, policies and the instructions of the delegation leader(s). I understand that if my behavior does not correspond to CPT's practices and policies, I may be asked to return home before the end of the delegation.

I understand that access to health care facilities, adequate shelter and food may be difficult on occasion.

I understand that my passport may be seized by military or police forces and that they may file the data and take a picture of it. I understand I may be photographed without my permission by entities monitoring CPT's work.

I understand that I could be arrested, imprisoned, taken hostage, injured or even killed in the case of an extreme situation. I understand that in the case of hostage taking or kidnapping, it is CPT policy not to pay any ransom and to reject military or violent approaches to resolving the matter.

I assume full responsibility for any risks of personal injury, illness, damage, imprisonment or other deprivation or harm that may occur as a result of my participation in this program including but not limited to the risks listed above. In case of crisis and if appropriate, the Director(s), a CPT Administrative Team member or Steering Committee member may travel to the situation of crisis.

I understand that CPT and its sponsoring bodies (Church of the Brethren, Mennonite Church Canada, Mennonite Church USA, Basilian General Conference, German Mennonite Peace Committee, On Earth Peace, Presbyterian Peace Fellowship), employees or volunteers cannot guarantee my safety or well-being on this trip.

I, hereby, release CPT and its sponsoring bodies, their members, employees, volunteers, and successors from all and any 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.

With my signature, I verify that I am at least eighteen (18) years old and that I have read, understand, and agree to the above statement.

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

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

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

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