

Short Term Visitor Application

Hello and thank you for your enquiry to visit Iris Madagascar! This application packet will guide your steps to coordinate a short term visit (1-4 weeks). Please type your answers in the spaces provided and email the completed application to us as soon as possible. You must complete an application whether you wish to come by yourself or with a group, although **those coming with a group should direct all their questions to their group leader**. Once your visit is approved you will receive additional information to help you prepare for your visit.

Do not book your flights until your application has been approved.

At any time during the process please feel free to contact Lindsay Furmanek who is over hospitality at Hospitality@IrisMadagascar.org. If you don't receive a reply within a week please contact us again as some emails are lost between Madagascar and the rest of the world.

We look forward to hearing from you soon! ☺

Caroline Thomas
Director, Iris Madagascar

Before applying please review the requirements and process for visiting:

Visitors are required to:

- Have a personal commitment to Jesus Christ and a hunger for more of the Lord.
- Be over 18 years unless with a responsible adult.
*Families are very welcome if they can provide oversight for their children.
Individual visitors younger than 18 will be considered only on a case by case basis.*
- Agree to take malaria prophylaxis.
- Have medical/travel insurance that includes emergency medical evacuation, being flown out of the country in case of a medical emergency.
- Agree to submit to the leadership of Iris Madagascar.

Process for Visiting:

- Initial contact – Let us know you want to come!
- Submit Visitor Application – Include a photo and give your pastor the reference form. Group leaders should also submit the Group Information Form.
- Wait for a response – We'll review your application and contact you.
- Purchase tickets – Do **NOT** purchase tickets until after your visit has been approved.
- Prepare and come! – We will meet you at the airport!

Iris Madagascar Visitor Application

Please type your answers and email this application to us as soon as possible. In addition, send us a recent photo and request for your pastor to send us the pastoral reference form (provided). **DO NOT** purchase tickets until you have submitted an application **AND** heard back from us. If you are with a group, direct your questions and make your submissions to your group leader. If you are not with a group, send your application and questions to Lindsay Furmanek: Hospitality@IrisMadagascar.org

Section 1: Personal Information

Passport Information: (complete exactly as it appears on your passport)

Surname:		First Name:	
Passport #:		Nationality:	
Date of Birth:		Place of Birth:	
Gender:		Expiration Date:	

Additional Information:

Email Address:			
Mailing Address:			
City/State/Postal Code:			
Marital Status:		Age:	
Occupation:			
Best Phone #:		Phone Type:	[<input type="checkbox"/>] Mobile [<input type="checkbox"/>] Home [<input type="checkbox"/>] Work
Church Name:			
Pastor's Name:			
Please give us one emergency contact (someone not traveling with you):			
Name:			
Phone:			
Email:			

Section 2: Visit Information

*When would you like to visit? (dd/mm/yy)	
<i>Arrive:</i>	<i>Depart:</i>
What are your skills and gifts? (please be specific)	
<i>Physical Skills:</i>	
<i>Spiritual Gifts:</i>	
What areas of ministry would you like to be involved with during your visit?	
Why would you like to visit Iris Madagascar?	
*Do you want to take a 2-3 day trip to the rain forest? (about \$225 USD/person for individuals)	

**If you are coming as part of a group this information will be determined by your group leader.*

Section 3: Testimony

Please give us a brief testimony of your Christian life:

Section 4: Background

Do you have a history with any of the following?

	YES	NO		YES	NO
Alcohol			Heterosexual Sin		
Smoking			Homosexual Sin		
Illegal Drugs			Eating Disorders		
Pornography			Compulsive Behaviors		
Occult			Abuse		

Please explain any area marked “yes” and share what level of freedom you are walking in (how long you have been free, accountability, etc):

Section 5: Basic Medical History

Please list any allergies (food, medicines, animals), be specific:
Are you currently taking any prescribed medications or anti-depressants? If so, please list them and describe your condition (it is vital for us to have this information in case of a medical emergency to avoid negative drug interactions):
Please give us any additional significant medical history (diabetes, etc.):

Section 5: Additional Required Information

Along with this completed application the following is required:

1. A recent photo of yourself, and
2. A pastoral reference form. The form should have been provided to you with this application. **Add your name and email** to the top of the form and forward it to your pastor, requesting that he or she return it to us directly as soon as possible.

Thanks for completing this application! Go ahead and submit it to us now!

We do attempt to process all applications in a timely manner, but please be patient with us as there are many demands on our time. If you have not heard back from us within two weeks, please re-send the entire application, as on rare occasions emails do not reach us. Thank you for your understanding!

-----**INDIVIDUALS STOP HERE. GROUP LEADERS CONTINUE**-----

Group Information Form

The following is for group leaders only.

Each individual in your group should complete a visitor application. We ask that you collect these from your team members along with their photos (renamed to match the individual) and submit them to us all together along with the following completed form. We will direct all of our communication to you and ask that you share the information with your group. Please let us know if there is any way we can assist you during this process. Thank you for your help!

Group Leader Information				
Name		Age:		
Marital Status:		Occupation:		
Email:				
Best Phone #:		Phone Type:	[<input type="checkbox"/>] Mobile [<input type="checkbox"/>] Home [<input type="checkbox"/>] Work	
Church Name:				
Pastor's Name:				
Visit Information				
When would you like to visit? (dd/mm/yy)				
Arrive:		Depart:		
Do you want to take a 2-3 day trip to the rainforest? (about \$130 USD/person in a group)				
Do you have any specific ministry strengths as a group, and/or are there any specific ministry activities you would like to be involved with as a group?				
Does your group have any specific needs that we should be aware of?				
Group List				
Church or Ministry Name:				
	List of Group Members	Age	Gender	Marital Status
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
<i>Groups larger than 15 may be possible, but please contact us first.</i>				