

GREATER MILWAUKEE SYNOD APPLICATION FOR PARTICIPATION IN A DELEGATION TO EL SALVADOR & HOLD HARMLESS AGREEMENT

Please complete the following and return it to your church's rep: Mike Gutzeit (Unity Lutheran Church, mikegutzeit@gmail.com); Cindy Dostal (Atonement Lutheran Church, dostalc@mtmary.edu), or Barb Barthel (Galilee Lutheran Church, barb@galileelc.org) by November 21st, 2017.

Title and Dates of Delegation Trip: Mission of Healing Centro-Sur, February 17-24, 2018

Name (full legal name as it appears on your passport)

Your passport number and country of citizenship

Passport Expiration Date

Your Email Address

Your phone number

Your Cell Phone Number

Your date of birth

Your Home Congregation (or church which connected you to this mission)

Briefly state why you would like to be a member of this delegation visit to El Salvador:

Are you in good health and in good physical condition? []Yes []No If no, explain.

If you have any physical conditions which might be impacted by heat, extended walking, walking on rough terrain, irregular mealtimes, or exposure to illness during the Mission of Healing. Please briefly describe your situation.

Please list all allergies, including allergies to medications:

Do you carry an epi-pen or other medications which may need to be administered by others in an emergency?
[]Yes []No If yes, please list medication(s).

Do you carry any medications which require refrigeration?
[]Yes []No If yes, please list medication(s).

Please indicate any dietary restrictions which you have (including whether or not you are a vegetarian):

Have you traveled outside of the United States? []Yes []No If so, briefly describe your experience(s):

Have you traveled to El Salvador before? Yes No If yes, please describe:

If you have traveled to El Salvador previously, do you have any recommendations for this visit? (positive experiences, improvements, etc.)

Do you speak or read any Spanish? (You do not need to speak Spanish in order to participate in this delegation).
 None A few words Basic Moderate Fluent Native Spanish Speaker
 I am willing to translate for others

My profession or training is: _____
If you are a medical professional, please include a photocopy of your current license with the application.

Please check any specific skills or interests that you wish to contribute to the Mission of Healing Team:

- Medical skills
- Spanish language skills
- Musical instruments
- Singing
- Arts and Crafts
- Working with kids
- Massage
- Yoga/Stretching/Relaxation
- Counseling
- Sports and games
- Photography/Videography
- Dance
- Hair cuts/styling, manicures/pedicures, makeup
- Education
- Prayer

Or list others here:

Please check any areas of the clinic you are interested in working:

- Teaching/leading a workshop
- List areas of skill/interest (examples: oral hygiene, nutrition, sanitation, med teaching, reproductive health)

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- Counseling and self-care
 - Medical screenings
 - Pharmacy
 - Art activities for adults/youth
 - Music activities
 - Game areas for adults/youth
 - Reflexology or Massage
 - Spiritual healing area (prayer, music, blessings)
 - Children's activities (play, easy crafts)
 - Translation
 - Other: _____

Please read and complete the following:

I, (print name) _____, have voluntarily decided to join a Delegation to El Salvador. I am aware of the greater than normal risk to my well-being due to the possibility of problems of travel within, to and from El Salvador.

I, my heirs, assigns, representatives and executors hereby release and promise to hold harmless The Greater Milwaukee Synod of the ELCA and all other sponsoring group(s) and their officers, employees, advisors, agents, or representatives from any bodily or mental harm, injury, loss, or illness - including, but not limited to, death – that may result from my participation in this Delegation, whether in El Salvador, in any travel to or from El Salvador, or upon my return to the United States.

Your Signature

Date

Print Name of Witness

Signature of Witness

Date

In case of emergency, please notify:

Name of Emergency Contact in the US

Contact Relationship

Emergency Contact Day Phone: _____ Night Phone: _____

Emergency Contact's E-mail Address: _____

Please submit application to your church's rep along with a deposit of \$400 written out to Unity LC memo line: Mission of Healing 2018, by November 21st, 2017

Applications will be reviewed and accepted by the delegation leaders and may be rejected due to available space or indicated health concerns.

***All trip participants will be asked to attend 3 pre-trip meetings:
Tuesday, December 5th;
Thursday, January 18th;
and Tuesday, February 6th,
Meetings will be at 6 pm at Unity Lutheran Church (20700 W. North Avenue).***

Travelers will be asked to submit copies of medical licenses, passports and health insurance cards before travel. Applications will be securely held and will be shredded upon the conclusion of the delegation trip.