

Office: (425) 432-0433 Mobile: (346) 610-3009

info@corneroflove.org www.corneroflove.org



Mission Application for Trip to Costa Rica or Colombia

(Circle one)

Trip Applicant Name: _____

Name & date of trip you are applying for:	How did you find out about COL?
What airport will you be flying out of?	Who are you traveling with?

Application Checklist:

1) Complete Mission Trip Application	
2) Copy of Photo Page of Passport (must have > 6 months validity)	
3) Copy of Medical, Dental, Optical or Professional license	
4) Copy of CV (resume) IF Medical/Dental/Optical Professional	
5) Notarized Minor Consent Forms (if under 18 yrs & without a parent)	
6) First deposit of \$925 if self-funding; \$100 deposit if fundraising	
7) Thoroughly read trip information on website: www.corneroflove.org	
8) Copy of flight itinerary (if you haven't booked it you can turn in later)	

All items must be mailed to Corner of Love

Any team member may seek 100% tax-deductible contributions to fund their \$1850 Costa Rica or \$2650 Colombia trip fee. This means that any person attending a trip may solicit donations using our EIN number and people who support them will receive an end-of-year receipt for their tax-deductible contribution. Please call our office for assistance in setting up an online MightyCause fundraising page (mightycause.com/organization/Corner-Of-Love-Ministries) if needed.

Costa Rica Trip Cost:

\$1850 due in US (can be fundraised using COL's EIN #)
\$100 envelope for Costa Rica spending money for tips/Left Right Center game/ice cream/treats in town (all optional)

Costa Rica + Colombia Trip Cost

\$2650 Due in US (can be fundraised using COL's EIN #)
\$100 envelope for Costa Rica spending money for tips/Left Right Center game/ice cream/treats in town (all optional)

Corner of Love Ministries – PO Box 5997, Kingwood, Texas, 77325-5997

Corner of Love is recognized as a tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code, EIN No. 36-4612230. All gifts to COL are 100% tax-deductible in the United States.

Financial donations can be mailed to our above address or go to: www.corneroflove.org/donate/



Personal Information

First Name (as it appears on passport) Last Name (as it appears on passport)	Occupation/Area of Study
Passport Number: Issued by (Country):	Date of Birth: Marital Status:
Home Address:	Home Phone:
Email Address:	Cell Phone:
Name of Employer:	Work Phone:
Spouse/Emergency Contact Name: Phone Number: Email:	May we text you? Y or N May we follow you on: (circle) Twitter Instagram Facebook If so, please list handle/name:
Have you ever been to Costa Rica or Colombia? Y or N If yes, where and with what organization?	Are you a student? Y or N Graduation Year: Name of School:
List any groups you are member of such as Rotary, Boy Scouts, etc.:	List any boards that you serve on:



<p>Do you attend a church? Y or N</p> <p>Name of Church:</p> <p>Name of Pastor:</p> <p>Address of Church:</p>	<p>Position (Volunteer or Paid) at your church:</p> <p>Please list all activities you participate in at Church:</p>
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Talents & Activities Preferences

<p>Do you have any musical talents: Y or N</p> <p>Please tell us about your musical talents:</p>	<p>Are you good at construction tasks? Y or N</p> <p>Would you consider leading a devotion? Y or N</p>
<p>Do you speak Spanish? Y or N</p> <p>Other Languages:</p> <p>Can you act as an interpreter? Y or N</p>	<p>Please share with us a few of your talents:</p>
<p>Do you enjoy: (please circle)</p> <p>Working with children Taking Pictures</p> <p>Organizing Items Writing</p> <p>Administrative/Paperwork Interior Design</p> <p>Making Slideshows Playing Soccer/Sports</p>	<p>Are you proficient in: (please circle)</p> <p>MS Word Pages Powerpoint</p> <p>Excel Publisher</p> <p>Dreamweaver/Web Mastering</p>



Medical & Diet Information

Do you have any health concerns? Y or N	What is needed or how do you keep yourself well?	When was your last physical?
Date of your last -Tetanus Shot: -Hep A Vaccine:	Do you have any allergies?	What do you do or take to combat this allergy?
What foods do you like to eat?	Are there any foods you cannot eat?	Please describe your general health.
Do you have any physical limitations? What are they?	List any treatments you are currently undergoing or have within the last 12 months:	Any other notes regarding your health you would like to share:
Please list all medications you are taking below:	Dosage	How long on medication?
Medication #1		
Medication #2		
Medication #3		
Medication #4		

In the event of an emergency, I give permission to the leaders of the mission trip to seek medical treatment. The doctor or hospital has my permission to administer medical treatment.

Signature: _____ Date: _____

Corner of Love encourages you to consider purchasing out-of-country medical and evacuation insurance, which can be obtained through International Services of America (www.isabrokers.com) 800-647-4589 or other companies for approximately \$30. Please forward insurance info to COL if you do opt to obtain coverage.



Travel Plans

Have you made your flight arrangements? Y or N

Arrival to LIR:

Date	Time	Airline	Flight #
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Departure from LIR:

Date	Time	Airline	Flight #
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Additional Travel Info/Notes:

Do you have a travel partner(s) that you prefer to room with while serving with Corner of Love? If so, please list their name(s):

Please list any special sleeping accommodations you have:



Additional Information

Adult T-Shirt Size:					
Small	Medium	Large	X-Large	XX-Large	
Please list previous overseas travel, places, and purpose of visit(s):					
Country	Date		Purpose		
1)					
2)					
3)					
4)					
5)					
6) YOU ARE A WORLD TRAVELER!!					
What do you like to do in your free time?					
Do you anticipate any aspects of the trip being difficult for you?					
Do you have any worries about this trip? If so, please let us know.					
What can we pray for on your behalf in the months leading up until the trip?					
Please explain your interest in participating in this trip:					
Your favorite bible verse or saying?					



Medical & Dental Personnel Only

Occupation/Title:	Are you licensed? Y N In what state?
Place of Employment: Address:	Please indicate your specialty (if any):
What is your favorite thing about your type of work?	Do you require an assistant to carry out these services? Y N Can you help recruit an assistant, if needed, from the U.S.? Y N
Would you consider: (please check) <input type="checkbox"/> Teaching U.S. team members about your specialty for the purposes of carrying out clinics <input type="checkbox"/> Working with youth or medical students <input type="checkbox"/> Holding a supplies drive at your office/clinic/hospital?	Indicate items/equipment you will need to carry out these services: (i.e. stethoscope, calculator, etc.)
Would you like us to send a mission trip application to any colleagues? Please provide names and addresses:	Indicate Rx and OTC meds you would like to have on-hand:

You will be asked to follow COL Protocol for Treatment of Common Ailments and Disease + COL Anti-Parasite Treatment Schedule. If you do not already have a copy, please let us know so that we can send one to you.



Terms and Conditions

Please read each statement, date, and initial.	Date	Initials
All payments, both for trips and donations are non-refundable.		
Any team member may seek 100% tax-deductible contributions to fund their \$1850 Costa Rica or \$2650 Colombia trip fee. This means that any person attending a trip may solicit donations using our EIN number and people who support them will receive an end-of-year receipt for their tax-deductible contribution (mailed each January for the previous year). Tax-deductible donations to cover your \$1850 Costa Rica or \$2650 Colombia trip fee should be given directly to COL and never be held by an individual, church, or entity that does not distribute 100% of the money collected on your behalf.		
100% of the trip costs should be paid at least 45 days prior to departure date, unless prior arrangements are made with Corner of Love Trip Coordinator.		
All trip participants must be 18 years or older unless accompanied by a parent or other guardian. Permission to travel with a guardian other than a parent must be discussed with Corner of Love’s Director/Team Leader prior to completion of this application.		
Corner of Love reserves the right to reschedule the trip, when extreme circumstances require.		
In the event that a participant cannot go on a scheduled trip and has made partial or full payment, and/or if the participant raises funds in excess of the trip costs, the funds received by COL will go to support the Relief Center for Nicaraguan Refugees and/or other program costs as determined by COL.		
Each participant must bring to Costa Rica/Colombia: <ul style="list-style-type: none"> • \$100 envelope for Costa Rica spending money for tips/Left Right Center game/ice cream/treats in town (all optional) • Items listed on COL’s “What to Bring” List 		
Each participant must agree to submit to the leadership and authority of the in-country hosts and/or Leaders of Teams.		
Any participant that engages in disrespectful or extremely difficult behavior, undermining in-country systems, or failure to comply with COL guidelines, privacy policy, treatment schedule, or other medical protocols will return to Liberia and finish their stay at an airport-area hotel at their own expense. All COL guidelines, policies, and treatment protocols may be requested at any time from info@corneroflove.org .		
Each participant will be required to wear a COL provided t-shirt on given days. The trip coordinator will let you know which days will be required – do NOT wear on travel days.		
Sharing our team’s efforts and stories with donors is important. By signing this application, you hereby give permission to COL to use your photograph(s) in newsletters, on our website, and/or other sites or materials UNLESS you provide a written request to us stating otherwise.		



Please read each statement, date, and initial.	Date	Initials
Each participant is encouraged to help raise funds for the team’s activities and the organization, but this is not a requirement. We encourage use of online platforms such as mightycause.com or facebook. On all sites, Corner of Love should be chosen as the payee (EIN No. 36-4612230). Many team members pick a specific project to fundraise for above and beyond their own trip cost. Please visit our website or contact our office for more information on current fundraising projects. By signing this application, you understand that all donations should be mailed or given directly to COL and that contributions are 100% tax-deductible.		
Each participant agrees to take two 50lb pieces of cargo luggage filled with mission supplies to Costa Rica/Colombia. In Texas or Washington state, cargo is inventoried and packed by COL, then assigned to travelers. Outside TX and WA, COL staff or team leader instructs volunteers on how to pack donated items into two bins, donated suitcases, or duffel bags. Personal items are always packed in carry-ons, such as one backpack and small suitcase.		
Each participant must thoroughly read their team materials distributed by trip coordinator and sign any required pages. This will be sent directly to team members prior to departure date.		
Careful Campus policy in effect in Costa Rica/Colombia. Each participant must stay on mission property and agrees NOT to trespass on adjacent land or wander off the property.		
Each participant agrees to pay close attention to facility rules, which will be explained upon arrival; including but not limited to the following: <ul style="list-style-type: none"> • No smoking in buildings • Exterior doors and windows are to remain locked if you are not in your room • Individuals who are not registered team members may not be invited to mission property or enter the premises. • Flip-flops or shoes must be worn at all times. No bare feet allowed. 		

I have read all of the above statements under “Terms and Conditions” and agree to them. Each box must be initialed and dated.

By signing this Mission Application for Travel to Costa Rica or Colombia with Corner of Love, I have agreed to all the terms and conditions therein.

Participant Signature: _____ Date: _____

Print Name: _____