

# Mission Application for Trip to Nicaragua



Name & Date of Trip You Are Applying For:	How did you find out about Corner of Love?
What airport will you be flying out of?	Who are you traveling with? (Indicate names of those accompanying you OR "whole team")
What <b>TIME</b> do you arrive at MGA airport? (If unknown, indicate "not yet purchased")	What <b>DAY/DATE</b> do you arrive at MGA airport?

Your **NAME**:

Your **LAST NAME**:

## Your Application Checklist

<p><b>ALL ITEMS MUST BE MAILED TO:</b></p> <p>Corner of Love 22142 SE 237<sup>th</sup> Ste. 100 Maple Valley, WA 98038</p> <p><b>QUESTIONS??</b> CALL 425.432.0433 or TEXT 206.419.1133 or Email: <a href="mailto:info@corneroflove.org">info@corneroflove.org</a></p> <p>ANY TEAM MEMBER may seek 100% tax-deductible contributions to fund their \$1250 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-the-year receipt for their tax-deductible contribution (mailed each January for the previous year). Please call our office if you would like pre-addressed collection envelopes (for donors to send payments in) or for assistance in setting up an online fundraising account such as Crowdrise (<a href="http://www.crowdrise.com">www.crowdrise.com</a>)</p>	√
1. <b>Completed Mission Trip Application</b>	
2. <b>Copy of Photo Page of Passport</b> (must have at least 6 mos. validity)	
3. <b>Copy of Medical, Dental, or Professional License</b> (if applicable)	
4. <b>Copy of C.V. (resumé)</b> with complete addresses for all schools and employers + dates (licensed team members)	
4. <b>Completed Minor Consent Forms</b> (if under 18 yrs. & without a parent -see website)	
5. <b>First deposit of \$625</b> (if more time is needed, you can <i>first</i> turn in your Mission Application and <i>later turn in the deposit</i> ) Total trip cost: \$1300 (\$1250 due in U.S., usually paid in two deposits of \$625 +\$50 paid in Nicaragua. Please note that the \$500 fundraising minimum is NO LONGER in effect although raising support for Corner of Love is still encouraged (EIN No. 36-4612230). All donations are 100% tax-deductible.)	
6. <b>Thoroughly Read Trip Information &amp; FAQ's on website:</b> <a href="http://www.corneroflove.org">www.corneroflove.org</a>	
7. <b>*Copy of Flight Itinerary</b> (if you haven't yet booked it you can turn this in at a later date)	

\*All travelers purchase their own airfare individually. Find the "Suggested Itinerary" for this trip online at [www.corneroflove.org](http://www.corneroflove.org).

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## Personal Information

<b>First Name As It Appears On Passport</b>		<b>Occupation</b>	
<b>Last Name As It Appears On Passport</b>		<b>Area of Study (if applicable)</b>	
<b>Passport Number</b>		<b>Issued by (Country)</b>	
<b>Email #1</b>		<b>Email #2</b>	
<b>Birth Date</b>		<b>Marital Status</b>	
<b>Home Address</b>		<b>City, State, Zip</b>	
<b>Home Phone</b>		<b>Work Phone &amp; Name of Employer</b>	
<b>Mobile Phone</b>		<b>Name of Spouse or Emergency Contact</b>	
<b>Do you send/receive TEXTS? May we text you?</b>		<b>Spouse or Emergency Contact Mobile Phone</b>	
<b>We sometimes communicate things about the mission on Facebook. May we request you as a friend?</b>		<b>Spouse or Emergency Contact Email</b>	
<b>Please follow us on TWITTER, INSTAGRAM, FACEBOOK for mission info.</b>		<b>List your Twitter handle and Facebook name here:</b>	
<b>Have you ever been to Nicaragua before?</b>		<b>If so, where and with what organization</b>	

<p><b>Are you a member of any groups, such as Rotary, Boy Scouts, etc.?</b></p> <p>Please list:</p> <ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> <li>4.</li> </ol>	<p><b>Are you a</b></p> <p><b>Board Member</b> Organization: _____</p> <p><b>Alumni</b> School(s): _____</p> <p><b>Fellow</b> Hospital or Organization: _____</p> <p><b>Other</b></p> <p>_____</p> <p><b>Other</b></p> <p>_____</p>
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<b>Do you attend a Church? YES NO</b>	<b>Name of Church</b>
<b>Position (Volunteer or Paid) at your church</b>	<b>Name of Pastor</b>
<b>Please list all activities you participate in at Church or as part of any of the groups listed above.</b>	<b>Address of Church</b>

## Talents & Activities Preferences

<b>Do you have any musical talents? YES NO</b> <i>If yes, see below.</i>	<b>Are you “handy” / good at construction tasks?</b>
<b>Please tell us about your musical talents (i.e. “play guitar,” etc.)</b>	<b>Please share with us a few of your talents.</b>
<b>Would you consider leading a Devotion?</b>	<b>Is there any activity you would prefer NOT to do as part of Corner of Love’s team?</b>
<b>Do you speak Spanish? YES NO</b> <b>Other languages:</b>	<b>Can you act as an interpreter?</b>
<b>Do you enjoy (Please circle)</b> *Working with children                      *Taking Pictures *Organizing Items                              *Writing, such as News Articles *Administrative/Paperwork                  *Entertaining/Interior Design *Making Power Points, Slideshows      *Playing soccer/ Sports	<b>Are you proficient in (Please circle)</b> *MS Word (Use/prefer XP or Vista?) _____ *Pages *PowerPoint *Excel *Publisher *Dreamweaver/Webmaster-ing

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## Medical & Diet Information

<p><b>Do you have any health concerns?</b></p> <p>YES    NO</p>	<p><b>What is needed or how do you keep yourself well?</b></p>	<p><b>When was your last physical?</b></p>
<p><b>Date of your last:</b></p> <p>Tetanus Shot _____</p> <p>Hep A Vaccine _____</p>	<p><b>Do you have any allergies?</b></p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><b>What do you do or take to combat this allergy?</b></p>
<p><b>What foods do you like to eat?</b></p>	<p><b>Are there any foods you cannot eat?</b></p> <p><i>If you require a special diet, plan on bringing some foods and snacks you CAN eat.</i></p>	<p><b>Please describe your general health.</b></p>
<p><b>Do you have any physical limitations? What are they?</b></p>	<p><b>Are you currently undergoing any treatments or have you within the last 12 mos?</b></p> <p>YES    NO</p>	<p><b>Type of treatment</b></p> <p>_____</p> <p>_____</p>
<p><b>Please list all medications you are taking below. ↓</b></p>	<p><b>Dosage</b></p>	<p><b>Since</b></p>
<p><b>Medication #1</b></p>		
<p><b>Medication #2</b></p>		
<p><b>Medication #3</b></p>		
<p><b>Medication #4</b></p>		

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

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ANY OTHER NOTES REGARDING YOUR HEALTH OR OTHER INFO YOU'D LIKE TO SHARE:

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](http://www.isabrokers.com) (800) 647-4589) or other companies for approximately \$30. Please forward insurance info to COL if you opt to obtain coverage.

Planning on arriving early or leaving after the scheduled departure date?  
Please read and complete this section. Also see additional notes about this at [corneroflove.org](http://corneroflove.org) under your trip details.

If you arrive a day or more early we recommend staying at Camino Real (better hotel for resting) or Hilton Princess (better hotel for sightseeing) and prefer that we make the reservation for you. You will be able to pay the hotel directly by cash or credit card.

If you depart after the scheduled "end date" you will be responsible for your own transportation and accommodations. If you need assistance with this please contact us.

Arrival Day & Date \_\_\_\_\_  
Would you like Corner of Love to make your hotel reservation? YES NO  
If so, please circle one: Camino Real Hotel Hilton Princess Managua

Departure Day & Date \_\_\_\_\_  
Please have your transportation pick you up at our team's hotel on the scheduled team departure day at 10AM. To find out which hotel our team will be staying at call (425) 432-0433 or send an email to [tanya@corneroflove.org](mailto:tanya@corneroflove.org).

Where are you heading when you leave the hotel that our team is staying at?  
\_\_\_\_\_

Who does this apply to? Write all names of travelers who will stay with you.

Name(s) \_\_\_\_\_

Will you be traveling to Nicaragua as part of a group? YES NO

Name of Group: \_\_\_\_\_

What is the name of your group's leader:

Do you have a travel partner, such as a spouse or friend that you prefer to room with while serving with Corner of Love:  
YES NO Their name(s):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do any of the following pertain to you: (Please circle)

\*Need bed near outlet for \_\_\_\_\_ (i.e. CPAP machine)

\*Need bed near restroom

\*Extra light sleeper

\*Require extra blankets

\*Other special accommodations:  
\_\_\_\_\_

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## Medical & Dental Personnel Only

<b>Occupation/Title:</b>	<b>Are you licensed? YES NO</b> <b>In what state?</b>
<b>Your place of employment:</b>	<b>Address for your place of employment:</b> _____ <b>City _____ State _____</b> <b>Zip _____</b>
<b>Please indicate your specialty/position (if any), i.e. "OB/GYN"</b>	<b>Please list any particular types of services you hope to offer patients while in Nicaragua:</b>
<p><b>You will be asked to follow COL Protocol for Treatment of Common Ailments and Disease + COL Anti-Parasite Treatment Schedule. If you would like to review this info before you arrive in Nicaragua, please request COL policies from <a href="mailto:info@corneroflove.org">info@corneroflove.org</a>.</b></p>	
<b>What is your favorite thing about your type of work?</b>	<b>Can you help recruit an assistant, if needed, from the U.S.?</b>
<b>Would you like to have Corner of Love's Director come talk at your office or clinic?</b> YES NO	<b>Do you require an assistant to carry out these services?</b> YES NO
<b>Would you consider: (Please circle)</b> *Teaching U.S. team members about your specialty for the purposes of carrying out village clinics  *Working with youth or medical students  *Holding a Supplies Drive at your office/clinic/hospital?	<b>Indicate items/equipment you will need to carry out these services: (i.e. stethoscope, calculator, etc.)</b> 1. _____ 2. _____ 3. _____ 4. _____
<b>Would you like us to send a Mission Trip Application to any colleagues?</b> Colleague # 1 _____ City _____ Colleague # 2 _____ City _____ Colleague # 3 _____ City _____	<b>Indicate Rx and OTC meds you would like to have on-hand:</b> 1. _____ 2. _____ 3. _____ 4. _____

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## Shirt Size

Name/Nickname you'd like on shirt or name-tag: \_\_\_\_\_

Youth S M L

Women's XS S M L XL XXL Men's S M L XL XXL

*Team Shirts will be available at Washington Chapter Office or sent to out-of-state travelers.*

## Pant Size

\_\_\_\_\_

### REMINDER:

*All persons working with the mission will need scrubs for clinic days.*

**Please list previous overseas travel, places, and purpose of visit(s):**

- |    | Country                            | Date | Purpose of Visit |
|----|------------------------------------|------|------------------|
| 1. |                                    |      |                  |
| 2. |                                    |      |                  |
| 3. |                                    |      |                  |
| 4. |                                    |      |                  |
| 5. |                                    |      |                  |
| 6. | <i>(You are a world traveler!)</i> |      |                  |

## PLEASE SHARE WITH US . . .

**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.**

**Is your family (or friends) supportive of you taking this trip?**

**What can we pray for on your behalf in the months leading up until the trip? (Such as provision of funds to travel, health of a parent, etc.)**

**Please explain your interest in participating in this trip.**

**Your favorite bible verse or saying?**

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	Date	Initials
All payments, both for trips and donations are non-refundable.		
ANY TEAM MEMBER may seek 100% tax-deductible contributions to fund their \$1250 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-the-year receipt for their tax-deductible contribution (mailed each January for the previous year). Tax-deductible donations to cover your \$1250 trip fee should be given directly to Corner of Love 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 must be paid at least 45 days prior to departure date, unless prior arrangements are made with Corner of Love Director.		
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 <b>extreme circumstances</b> 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, then the funds will go to support other trip expenses and organizational costs as determined by Corner of Love.		
Each participant must bring to Nicaragua: *\$10 US Cash for Nic. Entry Visa payable at Managua Airport *\$50 US Cash (part of trip fee) in envelope w/ your name on it payable at the Quinta *\$50-\$75 for special dinners out [restaurants/resorts] (*Minimum \$50 US Cash for spending \$) *Items above listed on Corner of Love's "What To Bring List" (available at <a href="http://corneroflove.org">corneroflove.org</a> )		
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 Corner of Love Guidelines, Privacy Policy, Treatment Schedule, or other Medical Protocols will return to Managua and finish their stay at an airport-area hotel at their own expense. All Corner of Love guidelines, policies, and treatment protocols may be requested at any time from <a href="mailto:info@corneroflove.org">info@corneroflove.org</a> .		
Each participant will be required to wear a COL Tshirt through customs on travel day and for special events, such as a Shoes Distribution event for village children.		
Sharing our team's efforts and stories with donors is important. By signing this application, you hereby give permission to Corner of Love 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.		
Each participant is encouraged to help raise funds for the team's activities and the organization but it is not a requirement. This can be done by using online fundraising such as crowdise.com, group dinners, team support letters, auctions, car washes, etc. These tax-deductible contributions fund medicine purchases, construction projects like Corner of Love's Water Center, School or Clinic, etc. By signing this application you understand that all donations should be mailed or given directly to Corner of Love and that contributions are 100% tax-deductible (EIN No. 36-4612230). Donors receive statements each January for tax purposes.		



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<p>Each participant agrees to take two 50lb pieces of cargo luggage filled with mission supplies to Nicaragua. In Wash. State, cargo is inventoried and packed by Corner of Love, then assigned to travelers. Outside WA., COL staff or the team leader instructs volunteers on how to pack donated items into two bins (Rubbermaid Totes), donated suitcases, or duffel bags. Personal items are always packed in carry-ons, such as one backpack and small suitcase. (2 pieces [carry-ons] allowed per traveller.)</p>		
<p>Each participant must thoroughly read their Team Handbook (given 30 days prior to your departure) and <b>sign the following:</b></p> <ul style="list-style-type: none"> <li>*Corner of Love Guidelines: “Working With Nicaraguans” and “Serving In Nicaragua”</li> <li>*Corner of Love Individual Support Contract (If fundraising for your personal costs)</li> <li>*Team Member Conduct &amp; Promises Contract</li> <li>*Team Member Statement of Responsibility</li> <li>*Corner of Love Privacy Policy</li> <li>*Corner of Love Closed Campus Policy</li> </ul>		
<p>Each participant understands that they will be asked to place their personal electronic devices into the safe at the Quinta when they arrive in San Ramon. This includes iPads, laptops, phones, and all devices that connect to the internet. (Cameras may be kept with team members.) Desktop computers and tablets owned by Corner of Love will be available for team members to use if you wish to send a quick message home to family, etc. Although there is a working network at the Quinta, the connection is very poor and can be lost several times a day or go out for long periods of time. WI-FI (when working) is available to Team Leaders. Team members should NEVER carry iPads, laptops, or devices that connect to the internet into villages or bring them to Corner of Love’s clinics.</p>		
<p>CLOSED CAMPUS POLICY in effect in Nicaragua. Each participant must stay on mission property while staying at Quinta El Misionero and agrees NOT to trespass on adjacent land or wander off the property. Areas where hiking is allowed will be explained to each team.</p>		
<p>Each participant agrees to pay close attention to facility rules, which will be explained at Quinta El Misionero; including but not limited to the following:</p> <ul style="list-style-type: none"> <li>*No smoking in or near the building</li> <li>*Do not affix tape or other items to woodwork</li> <li>*Team Members are not allowed inside the cooks kitchen (where stoves are)</li> <li>*Medicine, vitamins, and pharmacy supplies must be kept DOWNSTAIRS. (No counting or organizing of pharmacy items upstairs.)</li> <li>*Exterior doors and windows are to remain locked if you are not in your guest room.</li> <li>*Individuals who are not registered team members may not be invited to the Quinta or enter the premises.</li> <li>*Flip-flops or shoes must be worn at all times at the Quinta. No barefeet allowed.</li> </ul>		

***I have read all of the above statements under “Terms and Conditions” and agree to them.***

(Please initial each box.)

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

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_