

Mission Application for Trip to Nicaragua

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

Your Application Checklist

<p align="center">ALL ITEMS MUST BE HANDED TO YOUR TRIP LEADER or MAILED TO: Corner of Love (Bermuda) PO BOX HM 1201, Hamilton HMFx QUESTIONS?? Call 292-1646 or Email: meghan.parry@corneroflove.org</p>	✓
1. Completed Mission Trip Application	
2. Copy of Photo Page of Passport (must have at least 6 mos. validity)	
3. Copy of Medical, Dental, or Professional License (if applicable)	
4. Copy of C.V. (resumé) w/complete addresses-schools and employers, dates (licensed team members)	
4. Completed Minor Consent Forms (if under 18 yrs. & without a parent –see Team Leader)	
5. First deposit of \$400 (if more time is needed, you can first turn in your Mission Application and later turn in the deposit) Total trip cost: \$875 (\$775 due in Bermuda, first deposits of \$400, second deposit of \$375 +\$100 paid in Nicaragua)	
6. Thoroughly Read Trip Information & FAQ's on website: www.corneroflove.org	
7. *Copy of Flight Itinerary (if you haven't yet booked it you can turn this in at a later date)	
8. Copy of Medical Insurance Card (front and back)	
9. On this mission the team will distribute Rx meds and several thousand dollars worth of donations to the impoverished people in Nicaragua. I agree to try and raise \$500 or more, which is the cost of one med-pack	

*All travelers purchase their own airfare to and from their city of origin individually. The first and last days are your TRAVEL DAYS.

Personal Information

First Name	Last Name	Occupation
Passport Number	Issued by (Country)	
Email #1	Email #2	
Birth Date	Marital Status	
Home Address	Parish, Postal Code (City, State, ZIP)	
Home Phone	Work Phone & Name of Employer	
Mobile Phone	Name of Spouse or Emergency Contact	
Do you send/receive TEXTS? May we text you?	Spouse or Emergency Contact Mobile Phone	
We sometimes communicate things about the mission on Facebook. May we request you as a friend?	Spouse or Emergency Contact Email	

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<p>Are you a member of any groups, such as Rotary, Boy Scouts, etc.?</p> <p>Please list:</p> <ol style="list-style-type: none"> 1. _____ 2. _____ 3. _____ 4. _____ 	<p>Are you a</p> <p>Board Member Organization: _____</p> <p>Alumni School(s): _____</p> <p>Fellow Hospital or Organization: _____</p> <p>Other _____</p> <p>Other _____</p> <p>Other _____</p>
<p>Do you attend a Church? YES NO</p>	<p>Name of Church</p>
<p>Position (Volunteer or Paid) at your church</p>	<p>Name of Pastor</p>
<p>Please list all activities you participate in at Church or as part of any of the groups listed above.</p>	<p>Address of Church</p>
<p>We routinely mail trip info, etc. to alumni travelers. To opt out of this, check here ____.</p>	
<p>Have you ever been to Nicaragua before?</p>	<p>If so, where and with what organization</p>

Talents & Activities Preferences

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

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Medical & Diet Information

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

Check with your doctor or the travel clinic regarding any special immunizations or treatment you may need or desire prior to traveling to Nicaragua. Every individual is different and Corner of Love & Corner of Love (Bermuda) do not give medical advice.
* Suggested website: cdc.gov

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:*** _____

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

Corner of Love (Bermuda) requires you to have Major Medical Insurance.

Specialty foods, such as Gluten Free products, organic and health food items, seafood, Decaf beverages, and many others are not available in San Ramon. IF YOU REQUIRE SPECIALTY FOODS PLEASE BRING SOME FOODS AND SNAKS THAT YOU CAN EAT. Put these in a large ziplock bag with your name on it and hand it to the kitchen staff upon your arrival.

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Medical & Dental Personnel Only

Medical & Dental Personnel Only- CV Required for all licensed volunteers. Please provide a CV (resume) with complete names, addresses, and dates for all schools and employers together with a copy of your license at least 45 days prior to travel. Internet printouts to verify licensure are NOT accepted. Kindly order a copy of your license from your state or country at least eight weeks in advance, if applicable.

Occupation/Title:	Are you licensed? YES NO In what Country / State?
Your place of employment:	Address for your place of employment: _____ City _____ State _____ Zip _____
Please indicate your specialty/position (if any), i.e. "OB/GYN"	Please list any particular types of services you hope to offer patients while in Nicaragua:
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 info@corneroflove.org.	
What is your favorite thing about your type of work?	Can you help recruit an assistant, if needed?
Would you like to have Corner of Love (Bermuda) come talk at your office or clinic? YES NO	Do you require an assistant to carry out these services? YES NO
Would you consider: (Please circle) *Teaching 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?	Indicate items/equipment you will need to carry out these services: (i.e. stethoscope, calculator, etc.) 1. _____ 2. _____ 3. _____ 4. _____
Would you like us to send a Mission Trip Application to any colleagues? Colleague # 1 _____ City _____ Colleague # 2 _____ City _____ Colleague # 3 _____ City _____	Indicate Rx and OTC meds you would like to have on-hand: 1. _____ 2. _____ 3. _____ 4. _____

You will be provided with a PROVIDER HANDBOOK that explains how Corner of Love (Bermuda) operates with respect to patient treatment. This guide will talk about our in country non-profit, ILPDV, and offer contact information for other medical, dental, and optical volunteers who can discuss our clinics more in-depth with you. Please sign below indicating you will take the following actions: I agree to thoroughly read the PROVIDER HANDBOOK _____

I agree to ONLY use the medical, dental, or optical forms and/or patient charts provided to me by Corner of Love and/or Corner of Love (Bermuda). (Some specialty exams may require forms created by you, the team member. To have your form approved, send to meghan.parry@corneroflove.org _____

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All Travelers

<p>Will you be traveling to Nicaragua as part of a group? YES NO Name of Group: _____</p>	<p>What is the name of your group's leader:</p>
<p>Do you have a travel partner, such as a spouse or friend that you prefer to room with: YES NO Their name(s): _____ _____ _____</p>	<p>Do any of the following pertain to you: (Please circle)</p> <p>*Need bed near outlet for _____ (i.e. CPAP machine) *Need bed near restroom *Extra light sleeper *Require extra blankets *Other special accommodations: _____</p>

<p style="text-align: center;">Shirt Size</p> <p><input type="checkbox"/> Youth S M L <input type="checkbox"/> Women's XS S M L XL XXL <input type="checkbox"/> Men's S M L XL XXL</p>	<p style="text-align: center;">Hat Size</p> <p><input type="checkbox"/> Youth S M L <input type="checkbox"/> Adult S M L XL</p>																					
<p>Pant Size _____</p> <p>REMINDER: All persons working with the mission will need scrubs for clinic days.</p>																						
<p>Please list previous overseas travel, places, and purpose of visit(s):</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Country</th> <th style="width: 30%;">Date</th> <th style="width: 40%;">Purpose of Visit</th> </tr> </thead> <tbody> <tr><td>1.</td><td></td><td></td></tr> <tr><td>2.</td><td></td><td></td></tr> <tr><td>3.</td><td></td><td></td></tr> <tr><td>4.</td><td></td><td></td></tr> <tr><td>5.</td><td></td><td></td></tr> <tr><td>6. (You are a world traveler!)</td><td></td><td></td></tr> </tbody> </table>		Country	Date	Purpose of Visit	1.			2.			3.			4.			5.			6. (You are a world traveler!)		
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<p>PLEASE SHARE WITH US . . .</p>																						
<p>What do you like to do in your free time?</p>																						
<p>Do you anticipate any aspects of the trip being difficult for you?</p>																						
<p>Do you have any worries about this trip? If so, please let us know.</p>																						
<p>Is your family (or friends) supportive of you taking this trip?</p>																						
<p>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.)</p>																						
<p>Please explain your interest in participating in this trip.</p>																						
<p>Your favorite bible verse or saying?</p>																						

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	Date	Initials
All payments, both for trips and donations are non-refundable.		
100% of the trip costs must be paid at least 45 days prior to departure date, unless prior arrangements are made with a Corner of Love (Bermuda) 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 approved with a Corner of Love (Bermuda) Director/Team Leader prior to completion of this application.		
Corner of Love & Corner of Love (Bermuda) reserve 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 thereof, 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 (Bermuda).		
Each participant must bring to Nicaragua: *\$10 US Cash for Nic. Entry Visa payable at Managua Airport *\$100 US Cash (part of trip fee) in envelope w/ your name on the outside payable at Quinta El Misionero *\$50-\$75 for special dinners out [restaurants/resorts] (*Minimum \$50 US Cash for spending money) *Items above listed on Corner of Love's "What To Bring List" (available at www.corneroflove.org)		
Each participant must agree to submit to the leadership and authority of the in-country hosts and/or Leaders of Teams. Team members must abide by posted "Quinta Rules" on-site. Electronics (except cameras) must be kept in the Admin safe while staying at Quinta El Misionero. We serve in a remote area where you are asked to refrain from using your own computers or devices		
Any participant that engages in disrespectful or extremely difficult behavior, undermining in-country systems, or failure to comply with Corner of Love or Corner of Love (Bermuda) 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 or Corner of Love (Bermuda) guidelines, policies, and treatment protocols may be requested at any time from meghan.parry@corneroflove.org .		
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 &/or Corner of Love (Bermuda) 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 will be required to actively participate in raising funds for the team's activities. (Such as online fundraising, group dinners, team support letters, auctions, car washes, etc. for the purpose of purchasing medicine, shoes, construction materials, misc. trip supplies, and supporting the mission.) I understand that my goal should be at least \$500, which is the cost of one med-pack. Some volunteers may set a higher goal. This amount is separate from my individual trip cost of \$775.		
Each participant agrees to take two pieces of cargo luggage filled with mission supplies to Nicaragua. Items are packed in donated suitcases, and duffel bags. Personal items are packed in carry-ons, such as a backpack and small suitcase. (2 pieces [carry-ons] allowed.)		
Each participant must thoroughly read their Team Handbook (given 30 days prior to your departure) and sign the following: *Corner of Love Guidelines: "Working With Nicaraguans" and "Staying & Serving In Nicaragua" *Corner of Love (Bermuda) Individual Support Contract (If you are fundraising for your personal costs) *Corner of Love (Bermuda) Team Member Conduct & Promises Contract AND *Team Member Statement of Responsibility *Corner of Love Privacy Policy AND *Corner of Love Closed Campus Policy		

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 (Bermuda), I have agreed to all the terms and conditions therein.

Participant Signature: _____ **Date:** _____

Print Name: _____