



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? |

Do you wish for Corner of Love Bermuda to save the information you provide to facilitate future trip? Y or N

Application Checklist:

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|--|--|
| 1) Complete Mission Trip Application | |
| 2) Copy of Photo Page of Passport (must have > 6 months validity) | |
| 3) Copy of Medical, Dental, or Professional license AND copy of medical diploma | |
| 4) Copy of CV (resume) using COL provided template | |
| 5) Notarized Minor Consent Forms (if under 18 yrs & without a parent) | |
| 6) First deposit of \$495 if self-funding; \$100 deposit if fundraising | |
| 7) Thoroughly read trip information on website: www.corneroflove.org | |
| 8) Copy of Medical Insurance Card (front and back) | |
| 9) Copy of flight itinerary (if you haven't booked it you can turn in later) | |

All items must be handed into your trip leader or mailed to Corner of Love (Bermuda)

Trip Cost:

- \$1195 due in Bermuda
- \$150 in Costa Rica
- Airfare + luggage fees
- \$75-\$100 spending money

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: May we communicate with you via email? Y or N | Cell Phone: May we text you? Y or N |
| Name of Employer: | Work Phone: |
| Spouse/Emergency Contact Name: Phone Number: Email: | May we follow you on: (circle) Twitter Instagram Facebook If so, please list handle/name: |
| Have you ever been to Costa Rica? 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: |

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 (Bermuda) requires you to have Major Medical Insurance.

Travel Plans

Have you made your flight arrangements? Y or N

Arrival to LIR:

| Date | Time | Airline | Flight # |
|------|------|---------|----------|
|------|------|---------|----------|

Departure from LIR:

| Date | Time | Airline | Flight # |
|------|------|---------|----------|
|------|------|---------|----------|

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

| | | | | | |
|---|---------|--------|-------|---------|----------|
| 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. | | |
| 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 (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 discussed with Corner of Love’s (Bermuda) Director/Team Leader prior to completion of this application. | | |
| Corner of Love and Corner of Love (Bermuda) 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 Corner of Love (Bermuda). | | |
| Each participant must bring to Costa Rica: <ul style="list-style-type: none"> • \$150 cash to be placed in a provided envelope payable in Costa Rica • \$75-\$100 for spending money • Items listed on the 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 (Bermuda) 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 (Bermuda) guidelines, policies, and treatment protocols may be requested at any time from Meghan.parry@cornerlove.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 (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. | | |

| Please read each statement, date, and initial. | Date | Initials |
|--|------|----------|
| 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 support 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 \$1195. | | |
| Each participant agrees to take two 50lb pieces of cargo luggage filled with mission supplies to Costa Rica. Items are packed in donated suitcases and duffel bags. Personal items are packed in carry-ons, such as a backpack and a small suit case. | | |
| 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. | | |
| Closed campus policy in effect in Costa Rica. 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 with Corner of Love (Bermuda), I have agreed to all the terms and conditions therein.

Participant Signature: _____ Date: _____

Print Name: _____