



Travel Application



Journey to Haiti July 12-July 20, 2012

Join other 10th-12th grade students in journeying to Pignon, Haiti with Shepherd of the Valley Lutheran Church and Haiti Outreach. Participants will learn more about Haitian culture, their own faith, build lasting relationships, and participate in sustainable community development projects with Haiti Outreach.

Our group of ambassadors will consist of 16 people:

- ~12 students completing 10-12th grades
- ~2 parents or other adult participants
- ~Katie Heilman (Director of Youth Ministry at SOTV)
- ~1 Haiti Outreach staff person

*Adult : Student ratio may vary based on interest



This is not your normal mission trip; we will participate in a small amount of service work, but our main goals are to experience God's presence in the people and culture of Haiti, to learn more about sustainable community development by visiting Haiti Outreach development sites and participating in facilitated discussion, to share what we've learned when we return home, and to grow in our faith as we journey together.

This is also not a luxury vacation or tour; we'll be traveling primarily by walking or riding in the back of a pick-up, while staying in Haiti Outreach's guest house. This is a great opportunity for students to experience life in another culture and build life-changing relationships with our brothers and sisters in Haiti.

A trip to Haiti could turn your life upside down—in a good way. If you sense the spirit rumbling around inside you and feel a call to Haiti, by all means answer it! Consider yourself invited! Mon dye va beniou! (Haitian Creole for God bless you)

TIMELINE

- NOW** Applications are available in the Childrens, Youth and Family Office
- May 22, 6:00p.m.** Student/Parent information meetings
- Oct. 6, 6:00p.m.** (attend one info meeting)
- Oct. 17** Applications + \$200 deposit due for priority consideration
- *Minimum of 9 participants needed by this date
- Nov. 2** Final deadline for applications
- Nov. 6, Noon-2p.m.** **Mandatory** Pre-Trip Meeting for parents & participants (more to follow)
- Jan 14, 2012** Proposed Hunger Meal/Fundraiser
- Feb 1, 2012** \$500 due or equivalent in fundraising
- April 1, 2012** \$500 due or equivalent in fundraising
- June 1, 2012** \$500 due or equivalent in fundraising
- July 1, 2012** Remaining balance due

- The cost of this trip is anticipated to be between \$1,800 and \$2,000.
- Final costs will be known after flights are booked in the spring (2012).
- Fundraising opportunities are available for participants.

Youth Travel Application to be filled out by student and parent(s)



Family Information

Student Name _____

Parent/Guardian Name(s) & Relationship: _____

Mailing Address: _____

Phone #: Home _____ Work: _____ Cell: _____

Parent/Family E-mail: (if checked regularly) _____

Hopes & Expectations

To the student: Why do you want to go on this trip to Haiti?

To the parent: What hopes do you have for your son/daughter related to this experience?

Questions & Concerns

To the student: What questions/concerns do you have about going on this trip?

To the parent: What questions/concerns do you have about this trip OR your son/daughter's participation on it?

Recommendation

Parents, please indicate the strength of your recommendation

I strongly recommend my son/daughter as a participant on this trip

I recommend my son/daughter as a participant on this trip

I recommend my son/daughter with the following reservation(s):

Financial Considerations

We anticipate the cost of this trip to be \$1,800-\$2,000. Due to our financial commitments to airlines and Haiti Outreach, there will be a restricted cancellation policy.

To aid us in planning, please indicate the amount you anticipate needing to fundraise:

Estimated Student Contribution \$ _____

Estimated Fundraising Need \$ _____

I certify that the information on this form is true and accurate. I have read and understand the financial considerations of this trip. I promise to participate (and help my son/daughter participate) in pre-trip planning meetings, fundraising, and post-trip follow-up with our faith community.

Student Signature

Date

Parent Signature

Date

HAITI OUTREACH TRAVEL APPLICATION

15119 Minnetonka Blvd., Minnetonka, MN 55345 – Ph: 612-929-1122

Fax: 612-216-3777 - www.HaitiOutreach.org - Email: info@HaitiOutreach.org

Dates of trip for which you are applying July 12-20, 2012

Name (Official name that appears on passport) _____
First Middle Last

Name you would like to be called _____ Date of Birth _____

Address _____

City _____ State/Prov. _____ Zip/Postal Code _____

Home Phone (_____) _____ Work Phone (_____) _____
Area Code Area Code

Email Address _____ Cell Phone (_____) _____

Gender: M / F Weight _____ (needed to estimate weight for a smaller plane we may take)

Traveling with Friend or Relative? If so, who? Shepherd of the Valley. T-Shirt Size S M L XL XXL

Note: Haiti Outreach will arrange all flights between your home airport and Haiti unless you inform us otherwise, in which case we must work that out with you.

American Airlines Frequent Flyer Number (if applicable): _____ Preferred Seating _____

Passport Information:

I do not have a passport yet. (Please call Haiti Outreach or email passport information as soon as you get it).

Passport Number _____ Expiration _____

Country of Citizenship _____

- I have been to Haiti before. I speak French.
 I have been to a 3rd World country before. I speak Haitian Creole.

Medical Information

Travel in Haiti can be physically and emotionally demanding. Please thoughtfully assess your health in light of the potential rigors of the trip. Examples: long days and physical work, travel on very poor roads in the back of a pick up truck, some travel on foot, limited availability of some medical equipment.

We ask that you assess your physical and mental condition carefully and encourage you to consult with your doctor. We require that you provide us with the following information so that our staff can make any possible accommodations to meet your health needs.

1. Name _____ Age _____

2. Do you have a history of any of the following medical conditions?

- | | |
|---|--|
| <input type="checkbox"/> epilepsy | <input type="checkbox"/> emphysema |
| <input type="checkbox"/> allergies (including allergies to any medicines) | <input type="checkbox"/> high blood pressure |
| <input type="checkbox"/> heart condition | <input type="checkbox"/> eating disorders |
| <input type="checkbox"/> back problems or other injuries | <input type="checkbox"/> diabetes |
| <input type="checkbox"/> other substance abuse or chemical dependencies | <input type="checkbox"/> asthma |
| <input type="checkbox"/> other medical conditions – please list: | |

How might any of the conditions you listed affect your travels?

3. Are you currently or have you been under a doctor's care during the past six months? Yes / No
If yes, what condition(s) are being treated?

How might these conditions affect your travels?

4. Do you carry any medication? If so, please specify names, conditions which they treat, and possible side effects.

5. Are you currently on any special diet (even if voluntary, such as vegetarian)?

6. I understand that I assume all medical costs incurred while participating on this trip to Haiti: Yes / No

7. Any other comments about your health?

8. In case of illness or emergency, please notify:

Name/Relationship _____

Address _____

City _____ State/Prov. _____ Zip/Postal Code _____

Phone: (Day) _____ (Evening) _____

Agreement and Release of Liability

1. I, _____ (your name) have applied for and intend to participate in a trip to Haiti sponsored by Haiti Outreach.

2. I desire to travel to Haiti under the auspices of Haiti Outreach for the purpose of working with the organization and local citizens to improve the way of life for the people of Haiti. I understand and agree that Haiti Outreach is not acting as my agent in any regard, except as explained below; that Haiti Outreach will make every effort to assist me in providing this service, but is not liable for any delays in travel or safety while in country. I am responsible for securing my own identification and health documentation. I will work to the best of my ability on the project(s) designated by Haiti Outreach

3. I understand and am aware that my participation on this trip may expose me to certain risks and dangers, including but not limited to, the hazards of travel by various means of conveyance; the hazards of politically unstable areas; the dangers of civil disturbances and war; the forces of nature; acts or omissions of Haiti Outreach and/or their respective agents, employees, officers, or directors, and accidents or illness in places without access to medical facilities, transportation, and/or means of rapid evacuation or assistance.

4. I am aware that my participation on this trip and my use of transportation, housing and dining services, and other goods and services in connection with my participation on this trip carries a risk of personal injury, serious illness, death and property damage or loss. I expressly and voluntarily assume all risk of the injury, illness, death and property damage or loss that may result from my participation on the trip and/or my use of goods and services in connection with my participation on the trip.

5. In consideration for being permitted to participate on the trip, I hereby RELEASE AND DISCHARGE Haiti Outreach and its respective agents, employees, officers, directors, and associates ("the Released Parties") from any and all liability for injury, illness, death, property damage or loss arising out of any other activity incident to my participation on this trip.

6. I agree not to sue or make claim against the Released Parties for injury, illness, death, damage or loss sustained as a result of participation on this trip or the use of the goods and services in connection with my participation on this trip. I will indemnify and hold harmless the Released Parties from all claims, judgments, and costs, including attorney's fees, incurred in connection with any action relating to my participation on this trip.

7. I understand that Haiti Outreach may notify the person or persons listed as an emergency contact on my application form in the event that I become seriously ill or am involved in an emergency situation during the trip. In the event that I am unable to make my own medical decisions, a representative of Haiti Outreach may have to make those decisions on my behalf.

8. Should any of the provisions of this Agreement and Release, or portions thereof, be found to be invalid by any court of competent jurisdiction, the remainder of this Agreement and Release shall nonetheless remain in full force and effect. This Agreement and Release shall be construed under the laws of the State of Minnesota.

I HAVE CAREFULLY READ THIS LIABILITY AGREEMENT AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I SIGN IT OF MY OWN FREE WILL.

Traveler's Signature

Date

Traveler's Printed Name

Date Of Birth

IMPORTANT: IF TRAVELER IS A MINOR (under 18 years of age): PARENT OR LEGAL GUARDIAN MUST SIGN.

I am the Traveler's parent or legal guardian. I am signing this Agreement and Release on my own behalf and on behalf of the traveler and his/her heirs and assigns.

I HAVE CAREFULLY READ THIS AGREEMENT AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I SIGN IT OF MY OWN FREE WILL.

Parent or Legal Guardian's Signature

Date

Parent or Legal Guardian's Printed Name

All of the above information is correct to the best of my knowledge and I agree to the conditions and policies above for traveling with Haiti Outreach.

Signature of Traveler

Date

Printed Name of Traveler

Please bring this to Shepherd of the Valley Lutheran, 12650 Johnny Cake Ridge Road, Apple Valley, MN 55124. Fax: 952-432-6917.