

**APPLICATION FORM Sister Water Project Service Team to Honduras August 17-25, 2018**

**A. PERSONAL DATA – Please fill in completely.**

Name:							
Street Address:							
City, State, Zip Code:							
Parish Name and City:							
Phone:	Home:		Work:		Cell:		
Email:				D.O.B. (month/day/year)			
Citizenship:				Gender (F/M)			

**PASSPORT INFORMATION – Type below name EXACTLY as it appears on passport**

Number on Passport:		Expiration Date:	
Issue Place and Date:			

Profession/Occupation:						
Do you speak Spanish?		None		Words		Phrases
		Fluent		Conversational		

**Name of Travelers Insurance (if you have)**

Policy Number:	

**Emergency Contact Information**

Name:		Relationship to you:	
Street Address:			
City, State, Zip Code:			
Best Contact Phone/s:			
Email:			

- Passport: **(Include photocopy of your passport) !!!!! IMPORTANT !!!!!**

**B. HEALTH INFORMATION**

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1. How would you appraise your health?							
	Excellent		Good		Fair		Poor

2. Name the medical conditions that might affect your participation (disabilities, chronic illness, medication, allergies, diabetes, emotional conditions, respiratory problems, etc.). Please comment.

3. List all prescription medications which you take on a regular basis and why you take them.

4. List all allergies, the type of reaction you have, and treatment.

5. List dates of any hospitalizations and/or surgeries within the past two years.

6. What dietary restrictions do you have? Can you manage it in a rural Honduran village?

**C. PERSONAL ESSAYS** – Please respond to the following questions:

1. How did you learn about the Sister Water Project Mission Team to Honduras?

2. Name previous mission experiences in which you participated.

3. What calls you to serve on this mission experience in Honduras?

4. What do you hope to contribute to the experience?

5. What do you hope to take home from this experience?

6. Please provide two personal references (other than relatives) and their phone number and email address.

**D. PHOTO RELEASE**

I give the Sisters of St. Francis permission to use my photo in connection with their information brochures, newsletters, annual reports, electronic media (including web site), slide/video programs and other promotional materials and outlets which will speak about the work of the Sisters of St. Francis.

Your Name:		Date:	
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**E. WAIVER OF RELEASE AND LIABILITY**

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**PLEASE READ CAREFULLY.**

**THIS DOCUMENT INVOLVES A WAIVER OF IMPORTANT LEGAL RIGHTS.**

In consideration for allowing me to participate in the mission trip of the Sisters of St. Francis, Dubuque, IA, to Honduras, I

hereby agree to the following: I understand that this is a binding legal agreement, under which I waive certain rights and claims I may have, and assume the risks inherent in the trip, as well as all foreseen and unforeseen risks that may arise out of the trip. I understand that if I have any questions about this Waiver and Release of Liability, I should consult with an attorney of my choosing at my expense for legal advice.

1. I acknowledge that I am voluntarily participating in this event with the knowledge of the various risks and dangers involved, including but not limited to: physical exertion for which I am not prepared; forces of nature; travel in civilized or remote areas; consumption of alcoholic beverages; violent crime; civil unrest; breakdown of equipment; high altitude; accident or illness without access to means of rapid evacuation or available medical supplies; inadequate medical attention once it is supplied; or negligence on the part of the Sisters of St. Francis, Dubuque, IA.

2. I am aware of the risks of travel in general, and in particular to my safety and security associated with air, sea, and land travel to and within Honduras. I am aware that the USA Department of State has issued travel warnings to USA citizens, and the Department of Homeland Security may have issued travel warnings. I have been encouraged to visit the website of each department: <http://www.state.gov> and <http://www.dhs.gov>

3. I knowingly assume all risks associated with participation in this trip, including but not limited to those noted above, as well as damage to my property and death or bodily injury, whether caused by me or anyone else, and whether due to negligence or gross negligence of any third party or its agents or employees, or due to intentional wrongful conduct by anyone other than the Sisters of St. Francis, Dubuque, IA.

4. I agree to follow all written and verbal rules of safety presented to me by the Sisters of St. Francis. Except as otherwise provided in this agreement, I hereby agree to be responsible for my own welfare and accept any and all risks of delay, unanticipated events, illness, injury, emotional trauma or death and verify this statement.

5. As lawful consideration for being permitted to participate in this trip, I hereby release and discharge the Sisters of St. Francis and its employees and agents from and against any and all liability of any kind arising from my participation in this trip regardless of whether the risk is known or unknown. I agree that this agreement shall be legally binding upon me personally, all members of my family, and all minors participating or traveling with me, my heirs, successors, assigns and legal representatives, it being my intention to fully assume all the risk of travel/participation and to release the Sisters of St. Francis from any and all liabilities to the maximum extent permitted by law.

6. I am participating in this trip on an entirely voluntary basis for my own charitable, humanitarian, and/or religious objectives. I understand that I will not be covered by the Sisters of St. Francis worker's compensation policy, and I need to ensure that I have appropriate insurance coverage for the trip.

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7. I have signed this Release freely and voluntarily, without relying on any promises or assurances from the Released Parties.

8. This Release constitutes the entire agreement concerning the subject matter, and cannot be amended or modified except in written agreement signed by an authorized officer of the Sisters of St. Francis.

**I AGREE TO THE FOREGOING.**

<b>Dated:</b>	
<b>Print Name:</b>	
<b>Parent/Guardian Signature:</b>	

Thank you. Mail your completed Application Form and copy of passport by May 10, 2018 to:

Stacy Francois  
SWP Service Team  
3390 Windsor Ave.  
Dubuque, IA 52001-1311

OR email form to [francoiss@osfdbq.org](mailto:francoiss@osfdbq.org)  
(fill out form, save to your computer and email back as an attachment)