

Seeds of Independence

Dominican Republic

Adult Application

CALENDAR FOR 2012 TRIP

DECEMBER 15, 2011	ORGANIZATIONAL MEETING
JANUARY 13, 2012	APPLICATION DUE
JANUARY 17, 2012	ACCEPTANCE NOTIFICATION
JANUARY 20, 2012	DEPOSIT DUE
FEBRUARY 23, 2012	TEAM MEETING / FINAL PAYMENT
MARCH 21, 2012	GROUP PACKING FOR TRIP
MARCH 24, 2012	LEAVE FOR LAROMANA
MARCH 31, 2012	ARRIVE HOME FROM LA ROMANA
APRIL 1, 2012	PRESENTATION AT SO. FREEPORT CHURCH



CHECKLIST FOR APPLICATION

- PERSONAL INFORMATION FORM
- AGREEMENT & WAIVER - SIGNED
- DONOR LIST

TRIP COST AND EXPENSES

THE COST FOR THE 2012 TRIP WILL BE \$1,100. THIS WILL COVER THE TOTAL COST OF TRANSPORTATION, ROOM, AND BOARD. ANY ADDITIONAL EXPENSES WOULD BE AT THE STUDENT'S OPTION AND WOULD INCLUDE INCIDENTALS, SOUVENIRS, AND GIFTS. IT WILL BE EXPECTED THAT EACH TRIP MEMBER WILL RAISE \$500 IN DONATIONS FROM FRIENDS AND FAMILY TO PURCHASE SUPPLIES FOR THE TRIP.

PLEASE MAIL ALL MATERIALS TO:

SEEDS OF INDEPENDENCE
P.O. Box 8
FREEPORT, ME 04032

TRIP APPLICATION

PERSONAL INFORMATION

FULL NAME: _____

NAME YOU COMMONLY USE: _____

MALE ___ FEMALE ___ AGE ___ BIRTHDATE: ___ / ___ / ___

HOME ADDRESS: _____

CITY: _____ STATE: ___ ZIP: _____

PHONE: (___) _____

EMAIL: _____

PASSPORT NUMBER: _____

OCCUPATION: _____

SIGNATURE: _____ DATE: _____

EMERGENCY INFORMATION: WHOM TO CONTACT IN AN EMERGENCY

NAME: _____

RELATIONSHIP: _____

DAYTIME PHONE: _____ EVENING PHONE: _____



WHAT DO YOU HOPE TO GAIN FROM YOUR EXPERIENCE AS A MEMBER OF THIS TEAM? _____

PLEASE LIST ANY SKILLS, TALENTS, ABILITIES, INTERESTS YOU WILL BRING TO THE PEOPLE OF LAROMANA: _____

DO YOU HAVE IDEAS FOR RAISING MONEY OR COLLECTING SUPPLIES TO SUPPORT THIS MISSION TEAM? _____



2012 LA ROMANA MISSION AGREEMENT AND WAIVER

INTRODUCTION - THIS 2012 MISSION WORK TRIP TO LA ROMANA SEEKS TO SERVE PEOPLE IN ONE OF THE POOREST REGIONS OF THE WESTERN HEMISPHERE. THIS WILL BE THE THIRTEENTH ANNUAL MISSION TRIP TO LAROMANA AND IS SPONSORED BY THE GOOD SAMARITAN PROJECT AND SEEDS OF INDEPENDENCE. THEY HAVE DONE EVERYTHING THEY CAN TO ENSURE A SAFE AND MEMORABLE TRIP FOR ALL PARTICIPANTS. HOWEVER, THERE ARE RISKS INVOLVED IN THIS TRIP, AND UNFORESEEN INCIDENTS CAN ALWAYS HAPPEN. IT IS NECESSARY THAT YOU READ, UNDERSTAND, AND SIGN THE FOLLOWING AS A CONDITION FOR PARTICIPATING IN THIS UNIQUE MISSION TRIP.

WAIVER LANGUAGE - AFTER CAREFUL CONSIDERATION, I WISH TO BE INCLUDED IN THE LA ROMANA MISSION, MARCH 24 - MARCH 31, 2012. I REALIZE THAT THERE ARE POTENTIAL ILLNESS AND ACCIDENT PROBLEMS THAT ARE PART OF THE RISKS INVOLVED IN ANY SUCH UNDERTAKING. I UNDERSTAND THAT TROPICAL DISEASES AND TRAVEL UPON FOREIGN ROADS CONSTITUTE AN EVEN GREATER RISK THAN THAT FOUND NORMALLY IN THE UNITED STATES.

I UNDERSTAND THAT NONE OF THE INDIVIDUALS OR ORGANIZATIONS ORGANIZING AND SPONSORING THIS TRIP ASSUME ANY LIABILITY FOR ANY ACCIDENT OR OTHER MISFORTUNE THAT MAY BEFALL ME. I SPECIFICALLY AND INTENTIONALLY RELEASE SEEDS OF INDEPENDENCE, ITS OFFICERS, TRUSTEES, EMPLOYEES AND THE TRIP LEADERS AND OTHER TRIP PARTICIPANTS FROM ANY LIABILITY OF ANY SORT WHATSOEVER, INCLUDING BUT NOT LIMITED TO: ANY MEDICAL COSTS, CLAIMS FOR LOSS OF PROPERTY, INJURY OR DEATH OCCURRING DURING OR ARISING OUT OF OR RELATED TO MY PARTICIPATION IN THIS TRIP.

I AGREE TO ACCEPT THE AUTHORITY OF THE TRIP LEADERS IN ALL INSTANCES, AND TO FOLLOW THE RULES AND GUIDELINES ESTABLISHED BY THEM, SEE ATTACHED "RULES AND GUIDELINES." I WILL NOT ENGAGE IN ANY BEHAVIOR WHICH ENDANGERS OTHERS, OR WOULD CAUSE EMBARRASSMENT TO OUR HOST ORGANIZATION OR SEEDS OF INDEPENDENCE.

I ALSO AUTHORIZE THE TRIP LEADERS OR THEIR DESIGNEES TO ACT UPON MY BEHALF IN SEEKING EMERGENCY MEDICAL TREATMENT IF THERE SHOULD BE ANY SITUATION IN WHICH I WOULD NEED SUCH CARE AND BE UNABLE TO MAKE MY OWN DECISIONS IN A PRUDENT MANNER. I AM UNDERTAKING THIS PROJECT AS A MISSION EXPERIENCE AND I ASSUME THE FULL RESPONSIBILITY FOR MY ACTIONS AND THE RISKS, IF ANY THAT ARE INVOLVED IN THIS MISSION.

SIGNED **DATED**

WITNESS **DATED**

MINORS, YOUR PARENT(S) MUST SIGN THE FOLLOWING:

I HAVE READ, UNDERSTAND, AND AGREE TO ALL OF THE FOREMENTIONED WAIVERS. FURTHER, I GIVE PERMISSION FOR MY/OUR SON/DAUGHTER:

TO PARTICIPATE IN THIS MISSION EXPERIENCE AND TO TRAVEL OUTSIDE THE CONTINENTAL UNITED STATES WITH THE LEADERS OF THIS TRIP.

I/WE FURTHER GRANT PERMISSION FOR THE TRIP LEADERS TO SEEK MEDICAL CARE FOR:

SHOULD THE NEED ARISE. OUR CHILD IS COVERED UNDER THE INSURANCE COMPANY AND POLICY NAMED BELOW.

SIGNED - FATHER OR LEGAL GUARDIAN **DATED**

WITNESS **DATED**

SIGNED - MOTHER OR LEGAL GUARDIAN **DATED**

WITNESS **DATED**

HEALTH INSURANCE COMPANY: _____

GROUP: _____

POLICY NUMBER: _____

DONOR LIST - 2012 TRIP

1) NAME: _____
ADDRESS: _____
CITY: _____ STATE: ____ ZIP: _____

2) NAME: _____
ADDRESS: _____
CITY: _____ STATE: ____ ZIP: _____

3) NAME: _____
ADDRESS: _____
CITY: _____ STATE: ____ ZIP: _____

4) NAME: _____
ADDRESS: _____
CITY: _____ STATE: ____ ZIP: _____

5) NAME: _____
ADDRESS: _____
CITY: _____ STATE: ____ ZIP: _____

6) NAME: _____
ADDRESS: _____
CITY: _____ STATE: ____ ZIP: _____

7) NAME: _____
ADDRESS: _____
CITY: _____ STATE: ____ ZIP: _____

TEAM MEMBER'S NAME: _____

8) NAME: _____
ADDRESS: _____
CITY: _____ STATE: ____ ZIP: _____

9) NAME: _____
ADDRESS: _____
CITY: _____ STATE: ____ ZIP: _____

10) NAME: _____
ADDRESS: _____
CITY: _____ STATE: ____ ZIP: _____

11) NAME: _____
ADDRESS: _____
CITY: _____ STATE: ____ ZIP: _____

12) NAME: _____
ADDRESS: _____
CITY: _____ STATE: ____ ZIP: _____

13) NAME: _____
ADDRESS: _____
CITY: _____ STATE: ____ ZIP: _____

14) NAME: _____
ADDRESS: _____
CITY: _____ STATE: ____ ZIP: _____