

Seeds of Independence

Dominican Republic

Student Application

CALENDAR FOR 2012 TRIP

DECEMBER 15, 2011	ORGANIZATIONAL MEETING
JANUARY 13, 2012	COMPLETED APPLICATION DUE
JANUARY 17, 2012	ACCEPTANCE NOTIFICATION
JANUARY 20, 2012	DEPOSIT DUE
JANUARY 28, 2012	STUDENT MEETING / FUNDRAISING
FEBRUARY 23, 2012	TEAM MEETING / FINAL PAYMENT DUE
MARCH 10, 2012	STUDENT MEETING / FUNDRAISING
MARCH 15, 2012	STUDENT MEETING / MEDS PACKING
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. FRPT. CHURCH

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.



CHECKLIST FOR APPLICATION

- PERSONAL INFORMATION FORM
- QUESTION RESPONSES
- AGREEMENT & WAIVER - SIGNED
- PERSONAL RECOMMENDATION
- DONOR LIST

PLEASE MAIL ALL MATERIALS TO:

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

TRIP APPLICATION

PERSONAL INFORMATION

STUDENT'S FULL NAME: _____

NAME YOU COMMONLY USE: _____

MALE ____ FEMALE ____ AGE ____ BIRTHDATE: ____ / ____ / ____

HOME ADDRESS: _____

CITY: _____ STATE: ____ ZIP: _____

PHONE: (____) _____

EMAIL: _____

PRESENT GRADE IN SCHOOL: _____

SCHOOL NAME: _____

PASSPORT NUMBER: _____

PARENT(S) NAME: _____

ADDRESS: (IF DIFFERENT) _____

CITY: _____ STATE: ____ ZIP: _____

PHONE: (____) _____

EMAIL: _____

DATE: _____

STUDENT SIGNATURE:

DATE: _____

PARENT(S) SIGNATURE:

EMERGENCY INFORMATION: WHOM TO CONTACT IN AN EMERGENCY

NAME: _____

RELATIONSHIP: _____

DAYTIME PHONE: _____ EVENING PHONE: _____

QUESTIONS

PLEASE ANSWER THE FOLLOWING QUESTIONS ON A SEPARATE SHEET OF PAPER. WE ARE MORE INTERESTED IN THE QUALITY OF YOUR ANSWERS AND NOT THE QUALITY OF YOUR WRITING. PLEASE FEEL FREE TO CONTACT ANY MEMBER OF THE TRIP IF YOU NEED ANY ASSISTANCE.

1) WE OFFER A UNIQUE AND EXTREMELY REWARDING OPPORTUNITY TO GO OUT INTO THE WORLD TO WORK IN, AND EXPERIENCE A DIFFERENT CULTURE. BASED ON WHAT YOU KNOW ABOUT THE TRIP, EXPLAIN WHY YOU WANT TO BE PART OF THE TRIP.

2) WHAT WILL YOU BRING TO THE TRIP AND WHAT DO YOU HOPE TO GET FROM THE TRIP?

3) WE ARE INTERESTED IN YOUR LEVEL OF ABILITY AND INTEREST IN THE VARIOUS ACTIVITIES OR SKILLS THAT WE USE DURING THE TRIP. PLEASE LIST ANY SPECIFIC CONSTRUCTION SKILLS OR EXPERIENCES THAT YOU HAVE; ANY ARTISTIC OR PERFORMANCE SKILLS OR EXPERIENCES; ANY MEDICAL SKILLS OR EXPERIENCES; AND ANY OTHER SKILLS THAT WOULD BE RELEVANT TO THE TRIP. ALSO LIST ANY OF THE ABOVE ACTIVITIES OR SKILLS THAT YOU ARE INTERESTED IN. FOR EXAMPLE, I HAVE HELPED MY FATHER WITH VARIOUS CARPENTRY PROJECTS, INCLUDING BUILDING A SHED AND DECKS. I HAVE DONE A LOT OF PAINTING IN THE HOUSE. I HAVE BEEN IN SCHOOL PLAYS AND LIKE TO SING. I AM INTERESTED IN LEARNING MORE CARPENTRY SKILLS AND PLUMBING SKILLS. I AM ALSO INTERESTED IN BEING INVOLVED IN ANY MEDICAL ACTIVITIES.

4) IF YOU HAVE BEEN ON THE TRIP PREVIOUSLY, EXPLAIN WHY YOU WANT TO RETURN TO LAROMANA AND WHAT YOU HOPE WILL BE DIFFERENT ABOUT THE TRIP. HOW WILL YOU BE DIFFERENT FOR THE TRIP?

5) PLEASE RESEARCH ONE ASPECT OF THE DOMINICAN REPUBLIC AND LIST TEN FACTS CONCERNING YOUR SUBJECT THAT YOU CAN SHARE WITH THE GROUP. SOME RESEARCH EXAMPLES WOULD INCLUDE: HISPANIOLA; HAITI; LAROMANA; DOMINICAN REPUBLIC; SUGAR CANE CUTTERS; BATEYS; BIOSAND WATER FILTERS; AND OTHERS.

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: _____

RULES & GUIDELINES

FOR STUDENTS AND TRIP PARTICIPANTS UNDER THE AGE OF 21

- 1) STUDENTS ARE REQUIRED TO JOIN IN SCHEDULED MEETINGS AND ACTIVITIES BEFORE AND DURING THE TRIP, AS OUTLINED IN THE SCHEDULE.
- 2) STUDENTS AGREE TO SEND OUT FUNDRAISING LETTERS WITH THE GOAL OF RAISING \$500 FOR THE PURCHASE OF SUPPLIES.
- 3) PLEASE REMEMBER THAT YOU ARE A GUEST IN ANOTHER CULTURE. YOU ARE EXPECTED TO CONDUCT YOURSELF ACCORDINGLY.
- 4) STUDENTS AGREE TO ABSTAIN FROM THE USE OF ALCOHOL AND DRUGS WHILE ON THE TRIP AND DURING ANY TRIP-RELATED ACTIVITIES.
- 5) SMOKING OF CIGARETTES IN APPROVED AREAS AND ONLY BY STUDENTS OVER THE AGE OF 18.
- 6) THIS IS A WORK TRIP. THERE WILL BE TIMES FOR RECREATION AND FELLOWSHIP, BUT MOST OF THE TIME WILL BE SPENT DOING PHYSICAL LABOR.
- 7) STUDENTS MUST ALWAYS BE ACCOMPANIED BY AN ADULT WHENEVER THEY ARE AWAY FROM THE LIVING COMPOUND.
- 8) STUDENTS ARE TO DRESS RESPECTFULLY.
- 9) STUDENTS AGREE TO FOLLOW THE DIRECTIONS OF MENTORS AND TRIP LEADERS.



APPLICATION FOR ADMISSION

PERSONAL RECOMMENDATION

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

STUDENT NAME

PLEASE ANSWER THE FOLLOWING QUESTIONS ABOUT THIS STUDENT. PLEASE RETURN YOUR COMMENTS TO THE STUDENT IN A SEALED ENVELOPE, MAIL TO THE ABOVE ADDRESS, OR EMAIL TO: DREAR67462@AOL.COM

1) HOW LONG, AND IN WHAT CAPACITY HAVE YOU KNOWN THE STUDENT?

2) PLEASE COMMENT ON THE STUDENT'S ABILITIES WITH REFERENCE TO INITIATIVE, CURIOSITY, CREATIVITY, TALENTS, OR SKILLS. PLEASE DISCUSS ANY NOTEWORTHY STRENGTHS OR WEAKNESSES.

3) PLEASE COMMENT ON THE STUDENT'S CHARACTER AND ABILITY TO WORK WITH AND LEARN FROM OTHERS.

THANK YOU FOR TAKING TIME TO PROVIDE INPUT ON THIS STUDENT FOR THE DOMINICAN REPUBLIC MISSION TRIP, SPONSORED BY SEEDS OF INDEPENDENCE. IT IS A UNIQUE OPPORTUNITY FOR THE STUDENT TO TRAVEL TO THE DOMINICAN REPUBLIC FOR ONE WEEK AND WORK WITH PEOPLE IN ONE OF THE POOREST REGIONS IN THE WESTERN HEMISPHERE. WE ARE CURRENTLY WORKING ON THE CONSTRUCTION OF A HOSPITAL THAT SERVICES ALMOST EXCLUSIVELY HAITIAN REFUGEES, PROVIDING MEDICAL CLINICS TO THE SUGAR CANE CUTTERS AND THEIR FAMILIES OUT IN THE BATEYS (VILLAGES), AND CONSTRUCTING BIOSAND WATER FILTERS FOR USE BY INDIVIDUAL FAMILIES. THE STUDENTS WILL WORK HARD AND LEARN MUCH. THEY WILL WORK SIDE BY SIDE WITH THE PEOPLE THAT WE ARE HELPING. YOUR HONEST AND SPECIFIC EVALUATION OF THIS STUDENT IS CRUCIAL AND APPRECIATED. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT TOM WRIGHT AT (207) 865-1614.



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: _____

STUDENT'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: _____