

# **GREATER MILWAUKEE SYNOD APPLICATION FOR PARTICIPATION IN A DELEGATION TO EL SALVADOR & HOLD HARMLESS AGREEMENT**

Please complete the following and return it to:

Linda Muth + Greater Milwaukee Synod + 1212 S Layton Blvd + Milwaukee WI 53215

## **Title and Dates of Delegation Trip:**

**Mission of Healing – Family Wellness Fair – Northern Micro-Region**

**February 4 – 12, 2017**

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Name

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Your passport number and country of citizenship

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Passport Expiration Date

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Your Street Address

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Your Email Address

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Your Cell Phone Number

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Alternative Phone Number

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Your date of birth

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Your Home Congregation (or church which connected you to this mission)

Do you have any concerns regarding the heat, extended periods of work or walking, walking on rough terrain, irregular mealtimes, or exposure to illness during the Family Wellness Fair?  No  Yes. Please briefly describe your concerns:

Have you been told by a medical professional to restrict your activities in any way?  No  Yes. Please explain:

Please list all allergies, including allergies to medications:

Do you carry an epi-pen or other medications which may need to be administered by others in an emergency?  Yes  No If yes, please list medication(s).

Please indicate any dietary restrictions which you have (including whether or not you are a vegetarian):

Have you traveled to El Salvador before?  No  Yes. If yes, please briefly describe:

If you have traveled to El Salvador previously, do you have any recommendations for this visit? (positive experiences, improvements, etc.)

Do you speak or read any Spanish? (You do not need to speak Spanish in order to participate in this delegation).

- None
- A few words
- Basic
- Moderate
- Fluent
- Native Spanish Speaker
- I am willing to translate for others

Have you traveled outside of the United States?  No  Yes If yes, briefly describe your experience(s):

My profession or training is: \_\_\_\_\_

I would describe myself as (check all that apply):

- A teacher
- A healer (physical body)
- A healer (spiritual)
- Creative
- An artist (in any sense)
- A leader
- A follower
- Organized
- Outgoing
- Other \_\_\_\_\_

I am interested in participating in the Family Wellness Fair in one or more of these areas:

- Teaching/leading a workshop

List area of skill/interest (examples: oral hygiene, diabetic foot care, nutrition, sanitation, med teaching, common childhood illnesses)

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- Physical tests/exams (examples: glucose checks, taking vitals, urine tests, etc.)
  - Art activities for adults/youth
  - Music activities (cross-generational)
  - Game areas for adults/youth
  - Reflexology or Massage
  - Spiritual healing area (prayer, music, blessings)
  - Children's activities (play, easy crafts)
  - Translation

I am interested in learning more about:

- Advance Team (participation limited)
- Post Team (participation limited)
- Participating in the Washable Hygiene Kits for Girls Project

**Please read and complete the following:**

I, (print name) \_\_\_\_\_, have voluntarily decided to join a Delegation to El Salvador. I am aware of the greater than normal risk to my well-being due to the possibility of problems of travel within, to and from El Salvador.

I accept responsibility for obtaining appropriate insurance which will allow for my care and possible evacuation to the United States in case of a medical emergency.

To the best of my ability, I will attend all required orientation meetings, will study and prepare for the trip, and will work together in a positive way with other delegation members and Salvadoran team members.

I, my heirs, assigns, representatives and executors hereby release and promise to hold harmless The Greater Milwaukee Synod of the ELCA and all other sponsoring group(s) and their officers, employees, advisors, agents, or representatives from any bodily or mental harm, injury, loss, or illness - including, but not limited to, death – that may result from my participation in this Delegation, whether in El Salvador, in any travel to or from El Salvador, or upon my return to the United States.

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Witness

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

**In case of emergency, please notify:**

\_\_\_\_\_  
Name of Emergency Contact in the US

\_\_\_\_\_  
Contact Relationship

Emergency Contact Day Phone: \_\_\_\_\_ Night Phone: \_\_\_\_\_

Emergency Contact's E-mail Address: \_\_\_\_\_

\_\_\_\_\_  
Emergency Contact's Street Address

*Applications will be accepted on a first-come, first-served basis. Applications will be reviewed and accepted by the delegation leaders and may be rejected due to available space or indicated health concerns.*

*Advance and Post Team participation is limited and geared toward participants who are interested in working with Salvadoran Team members in organizational and evaluative meetings.*

*Applicants will be asked to submit a deposit of \$600 at the time of application. This deposit is non-refundable (except for applications which are not approved due to medical or other concerns) and will cover the in-country costs for the trip. The group will decide whether to purchase airline tickets individually or as a group and ticket costs will be paid for by the applicants.*

*Applications will be securely held and will be shredded upon the conclusion of the delegation trip.*