

**Honduras Mission Trip**  
**July 12-19, 2014 (VBS and Construction)**  
**July 19-27, 2014 (Medical and Dental)**  
**Application for Previous Adult Participants**

Received \_\_\_\_\_

Paid Deposit \_\_\_\_\_

**Please complete this application and mail, e-mail, or fax (to be received) no later than February 16, 2014 with a \$150 deposit (deposit is refundable only if for some reason you are not selected for the trip) to:**

St. John's Episcopal Church

Phone: (334) 262-1937

113 Madison Avenue

Fax: (334) 262-1931

Montgomery, AL 36104

E-mail: [candice@stjohnsmontgomery.org](mailto:candice@stjohnsmontgomery.org) or [daniel@stjohnsmontgomery.org](mailto:daniel@stjohnsmontgomery.org)

Name: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B: (MM/DD/YY): \_\_\_\_\_

(Write your name as it appears on your passport, if you have one.)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Parish or Church: \_\_\_\_\_ Member? \_\_\_\_\_ How long have you attended? \_\_\_\_\_

**Passport Information**

Do you have a current passport? \_\_\_\_\_

If yes, Passport number: \_\_\_\_\_ Expires: \_\_\_\_\_

(A passport with an expiration date more than 6 months beyond the trip date is required by customs in Honduras. Please apply for or renew your passport now.)

**Team Preference**

Which team are you applying for? \_\_\_\_\_

If you are applying for the medical/dental team, please indicate your position preference:

1<sup>st</sup> Choice: \_\_\_\_\_ 2<sup>nd</sup> Choice (if required): \_\_\_\_\_

**Medical History**

Please list any existing medical conditions. \_\_\_\_\_

List any medications that you take on a daily basis. \_\_\_\_\_

List any medication allergies. \_\_\_\_\_

List any allergies to insect stings or bites. \_\_\_\_\_

Are your immunizations up to date? \_\_\_\_\_

*(Recommended vaccines include tetanus within 5 years, typhoid, and hepatitis A & B.)*

Do you have any physical limitations, special needs or restrictions? If so, please describe.

\_\_\_\_\_

**Insurance Information**

Name of Company: \_\_\_\_\_ Name of Insured: \_\_\_\_\_  
Group #: \_\_\_\_\_ Policy #: \_\_\_\_\_

Additional insurance, which includes medical evacuation insurance will be provided to you for the trip.

**Emergency Contacts**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

How many mission trips have you participated in with St. John's? \_\_\_\_\_ Where and when?  
\_\_\_\_\_

What were some of the more meaningful aspects of the trip(s)? \_\_\_\_\_

Have you participated in other mission trips? \_\_\_\_\_ If yes, where, when, and what was the nature of the mission trip(s)? \_\_\_\_\_

What were some of the more meaningful aspects of the trip(s)? \_\_\_\_\_  
\_\_\_\_\_

List any community activities in which you are involved. \_\_\_\_\_  
\_\_\_\_\_

Please answer the following questions briefly.

A. Why do you want to go to on this year's Honduras Mission Trip?  
\_\_\_\_\_

B. In what ways do you anticipate that this trip to Honduras will be different from previous trips?  
\_\_\_\_\_

C. How has a previous trip to Honduras changed or shaped your understanding of the Christian faith?  
\_\_\_\_\_

D. What were the biggest challenges you faced on previous trips to Honduras?  
\_\_\_\_\_

The estimated cost of the trip is estimated to be around \$1800 (\$2250 for 2 weeks)\*\*. In addition to that cost, team members must pay for the R&R side trip, immunizations, and other personal expenses. **For members of St. John's, the cost of the trip may be offset by group fundraising efforts before the trip (expect to pay \$1500 or \$1900 for 2**

**weeks)\*\*.** Members of other churches will be expected to raise the entire cost of the trip through a combination of personal fund raising, personal resources, and support from your home church.

**Please note:** Limited scholarship money is available for St. John's members. St. John's members may obtain and complete a separate scholarship application. Scholarships DO NOT apply to the R&R side trip or other personal costs.

The ability to speak Spanish is *not* a requirement to attend this trip. However, please indicate your Spanish Language skills. Please check one of the following: I speak Spanish... <select>

I understand that if I am selected for this trip, I will be required to make every effort to attend all team meetings before the trip. In the event that I am unable to attend a team meeting due to extreme circumstances, I understand that it is my responsibility to obtain any information and papers as soon as possible.

I understand that if I am selected for this trip, I will be required to attend all church services in Honduras with the group. I also understand that I will be required to attend all nightly group meetings.

I understand that if I am selected for this trip, I will be required to be ON TIME for all group activities while in Honduras.

I understand that if I am selected for this trip, I will be required to make all payments by the required deadlines. If for some reason I am unable to go on the trip, I will be responsible for paying the cost of any charges that we are unable to cancel (airfare, lodging, administrative fees, pre-paid activities, etc.).

I understand that the team leader/leaders on the trip will make decisions on how to best utilize my talents. My assignments and/or duties may change before or during the trip.

Please check each item above and sign your name below to indicate agreement.

Name: \_\_\_\_\_ DATE: \_\_\_\_\_

**Your \$150 deposit MUST accompany this application in order to be considered for the team.** Selection for the Honduras Mission Trips will be based on this application and a possible interview with clergy and/or team leaders. If needed, you will be contacted about your interview. If you have any general questions about the trip, please contact Candice Frazer or Daniel Cenci at St. John's (334-262-1937). If you have any specific questions about the medical week, please contact Jon or Kathryn Dailey at [dailey35@charter.net](mailto:dailey35@charter.net).

\*\*Early registration discount is available. If your application and deposit are received by 9/30/2012, your total payment due will be reduced by \$50. Early registration will also allow you to make lower payments over a longer period of time.

Payment schedule:

- \$150 deposit due with application
- By March 3<sup>rd</sup>, payments equaling at least a total payment of \$700
- By April 7<sup>th</sup>, payments equaling at least a total payment of \$1000
- By June 2<sup>nd</sup>, payments equaling at least a total payment of \$1500 (or \$1450) if early registration discount applies)
- By July 7<sup>th</sup>, payments equaling total payment for trip and R&R (expected to be about \$150).