



International Samaritan Application

DATE OF TRIP _____ DESTINATION COUNTRY _____

Name of Group/School _____

NAME (AS IT APPEARS IN YOUR PASSPORT or PASSPORT APPLICATION):

First Middle Last

PLEASE SUBMIT A PASSPORT PHOTOCOPY WITH APPLICATION

Date of birth: _____ Passport Number _____
Month / Day / Year

Date of Issue: _____ Date of Expiration: _____ Citizenship _____

Cellular Phone: _____ Home Phone: _____

E-mail: _____

Facebook: _____

Twitter: _____

Permanent Mailing Address: _____
Street

City State Zip

In case of emergency please contact the following parent/guardian or friend:

EMERGENCY CONTACT 1

EMERGENCY CONTACT 2

Name: _____ Name: _____

Phone: _____ Phone: _____

Email: _____ Email: _____

Twitter: _____ Twitter: _____

Facebook: _____ Facebook: _____

Please list current or previous volunteer or work experience that may be helpful with our projects:
(ie. teaching, carpentry, medical, dental, first aid etc...)



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Participant Medical Information

NAME _____

PHYSICIAN'S NAME _____

PHYSICIAN'S PHONE NUMBER _____

PHYSICIAN EMAIL _____

PHYSICIAN FACEBOOK _____

EMERGENCY CONTACT PERSON _____

EMERGENCY CONTACT RELATIONSHIP _____

EMERGENCY CONTACT EMAIL _____

EMERGENCY CONTACT FACEBOOK _____

EMERGENCY CONTACT _____

CURRENT MEDICATIONS _____

HEALTH HISTORY (Please list any serious injuries, disabilities, or illnesses)

HEALTH INSURANCE NUMBER AND PROVIDER INFORMATION

Does your health insurance cover you internationally? (circle one) YES or NO

Would you like international health or travel insurance? (circle one) YES or NO



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Participant Release

In consideration of the acceptance and participation of the participant in such a trip, the undersigned participant and his / her family, to the full extent permitted by the law, hereby release and agree to save, hold harmless and indemnify all adult directors, the residents & staff of Casa Claret Retreat House, Centro Capacitación San Pedro, Casa Loyola, the Detroit Province of the Society of Jesus, the Diocese of Lansing, and all coordinators and Jesuits as well as staff of International Samaritan of and from all liability for any loss, property damage, personal injury or death, including any such liability which may arise out of the negligence of any such persons or entities, which may be suffered or claimed by such participant during the mission trip experience, including travel to and from the host country and instances during independent travel / non-program directed excursions.

I (we) give permission for any operation, administration of anesthetic, medication or blood transfusion that a medical practitioner may deem necessary or advisable for the treatment of any illness or injury suffered by the participant.

I (we) agree that the coordinators designated by International Samaritan may sign on my behalf (or on behalf of the parents or guardians if a minor) any and all medical emergency release documents for any treatment that may be necessary during the trip and in the event that reasonable attempts to contact family members are unsuccessful. ***I understand that I will be liable for any expenses so incurred.***

I (we) acknowledge and agree that photographs may be taken of the participant and other persons during the consciousness-raising trip. I (we) further agree that such photographs (and the images contained therein) shall be the sole property of International Samaritan and may be used by International Samaritan or sponsoring institutions from time to time for advertising, promotional, educational and other purposes in support of International Samaritan's mission.

Additionally, I (we) also acknowledge having received and read the schedule of payments and cancellation policy for the trip with my school or with International Samaritan. I (we) fully understand that the deposit is NONREFUNDABLE and that in sending my application and deposit I FULLY commit to volunteering on this trip, and I will cover the full cost by making all scheduled payments.

Name of participant (print) _____ Signature _____

Date _____

If applicable:

Spouse (print) _____ Signature _____

Date _____

Applicable for participants under 18 years of age:

Father / Guardian (print) _____ Signature _____

Mother / Guardian (print) _____ Signature _____

Date _____



International Samaritan

Vaccination Information

All participants should seek their doctor's advice concerning all immunizations. Please note, some vaccinations require several months to complete. Contact your physician AS SOON AS POSSIBLE and seek your doctor's advice concerning all immunizations.

REQUIRED VACCINES

A) Tetanus-Diphtheria booster

-- good for ten years (booster is recommended)

B) All childhood vaccinations should be up-to-date

--MMR (check with doctor about booster)

--Polio (should only be given once in adulthood)

RECOMMENDED VACCINES

It is important to note that most of the time the mission trip will be in an urban area, there is a possibility of travel to and through rural areas. Bottled water will be purchased and made available, and all breakfasts, lunches and dinners will be prepared at restaurants, retreat center or at the hotel.

For travel to CENTRAL AMERICA, the CDC recommends the following vaccinations below. **Due to additional costs, whether or not a participant receives these recommended vaccines will be left to the judgment of the participant and his/her doctor.**

- Hepatitis A
- Hepatitis B
- Typhoid
- Malaria
- H1N1 (ask for a proof of vaccination once received)

ANTIBIOTICS

Participants from previous trips have recommended that each team member bring along a strong antibiotic called CIPRO in case of infection. ***Please consult your doctor.*** This antibiotic would be used in case of severe stomach ailments (severe cramping, diarrhea, etc.). If you wish, ask your doctor for a 10 day prescription, get it filled, and bring the medicine in the original prescription bottle. The whole prescription must be taken to be effective.

Information on vaccinations and other health precautions can be found through the Center for Disease Control's hotline for international travel at 1-877-FYI-TRIP or on-line at <http://wwwnc.cdc.gov>.