



Total \$2,000.

# Team Member Application Sicily Team April 2-12, 2018

**This application must be completed and returned by Dec. 1 with a non-refundable \$500.00 deposit**

**PAYMENT SCHEDULE \$500 EACH DATE: DEC 1, JAN 1, FEB 1 MARCH 1**  
(Failure to pay in full will disqualify the applicant from serving on this team)

## Short Term Humanitarian Trip (STHT) Application

*Please print neatly!*

Legal Name (as written on passport) \_\_\_\_\_

Male \_\_\_ Female \_\_\_ Citizenship – U.S. \_\_\_ Canada \_\_\_ Other Country name \_\_\_\_\_  
First Middle Last

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail .....

Phone Number (\_\_\_\_) \_\_\_\_\_

Birthday **Day/Month/Year** \_\_\_/\_\_\_/\_\_\_ (Note birthday order, not typical for Americans) Age \_\_\_\_

Do you have a US passport? Yes \_\_\_ No \_\_\_ If yes, number: \_\_\_\_\_

If not a US Passport, can you reenter US? Please explain below:  
\_\_\_\_\_

Occupation \_\_\_\_\_

List any foreign languages you can speak and how well (other than English) \_\_\_\_\_

List any skills you may have  
\_\_\_\_\_

Have you ever gone on an STHT before? Yes \_\_\_ No \_\_\_ Year? \_\_\_\_\_ Country? \_\_\_\_\_

How did you hear about this trip? \_\_\_\_\_

Have you ever been on a humanitarian team before: Yes \_\_\_ No \_\_\_ Where \_\_\_\_\_

**PASSPORTS ARE MANDATORY**

## Culture, Customs and Team Cooperation

We must be sensitive to the customs and respect the mores of those on the mission field. Alcohol and Tobacco are strictly forbidden. You will also dress modestly and will be served local foods. Bread of Compassion will do its best to accommodate the dietary needs of its team with in reason.

The Bread of Compassion Team will have a leader and will appoint co-leaders to give direction and guidance to team members. It is crucial that you act in a spirit of cooperation and be eager to receive and follow directions. When we are working in a foreign country we will perform our duties in a manner that is acceptable to the culture of that land. If you cannot follow directions and willfully defy team leadership you will be asked to leave the team immediately and take the next available flight home.

## Immunization History

Each team member and leader is advised to have an updated tetanus shot. Other immunizations may be necessary according to the country to which you are going. Check with your physician for those recommended by the US Center for disease Control. Contact your [TRAVEL CLINIC](#).

## Medical Insurance Coverage

Team members must carry medical and accident medical insurance that is valid in a foreign country. We offer catastrophic insurance that will cover you during the entire mission. Check with your insurance carrier about your coverage.

## Visa

Bread of Compassion will contact you if a Visa is necessary. All team members will be responsible for any related fees to secure a visa. (NO VISA FOR ITALY)

## To The [STHT](#) Members

I have read this application in its entirety, and can affirm all that is within to be true and correct

Signed \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## Medical Questionnaire

Is the applicant being treated for an injury, sickness or taking any form of medication for any reason? \_\_\_\_\_ Yes \_\_\_\_\_ No (if yes, please explain) \_\_\_\_\_

Is the applicant allergic to any type of medication? \_\_\_\_ Yes \_\_\_\_ No (if yes, Please explain) \_\_\_\_\_

Does the applicant require a special diet? \_\_\_\_ Yes \_\_\_\_ No (if yes, please explain)

Does the applicant have any sleeping conditions? \_\_\_\_ Yes \_\_\_\_ No (if yes, please explain)

Does the applicant have any physical conditions or illnesses that would prevent them from participating in rigorous activity? \_\_\_\_ Yes \_\_\_\_ No (if yes, please explain) \_\_\_\_\_

## Emergency Contact Information

In the event of an emergency please provide emergency contact numbers:

Name of a person in the United States to contact:

\_\_\_\_\_

Telephone \_\_\_\_\_ Relationship \_\_\_\_\_

Additional numbers: \_\_\_\_\_ Relationship: \_\_\_\_\_

## Medical Treatment Authorization

I \_\_\_\_\_ hereby authorize the calling of a doctor and the providing of necessary medical services in the event that I, the applicant, are injured or become ill. I authorize the director or properly appointed staff member of BOC (Bread of Compassion) to make emergency medical care decisions on behalf of myself during the entire term of the mission trip, if required by law or a health care provider.

I agree to notify the BOC office if there are any changes in my health, which would restrict me from participating on the humanitarian trip; however I consent to forfeit any and all payments made by me with respect to this trip.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

***This form must be signed in front of a Notary Public***

State of \_\_\_\_\_ } Country of \_\_\_\_\_ }

On this \_\_\_\_\_ day of \_\_\_\_\_ before me,

\_\_\_\_\_  
A Notary Public in and for said state personally appeared

\_\_\_\_\_, known to me to be the person who executed the within document and acknowledged to me that he/she executed the same for the purposes therein stated.

My commission expires: \_\_\_\_\_

## Assumption of Risk for All Team Members

I, \_\_\_\_\_, in consideration of my acceptance as a member of the Bread of Compassion short-term humanitarian team, represent and agree that:

1. I am a volunteer and acknowledge that I am not an employee of Bread of Compassion.
2. I am aware of the hazards and risks to my person and property associated with serving in a humanitarian capacity, such hazards and risks including, but not being limited to, death or injury by accident, disease, terrorist acts, weather conditions, inadequate medical services and supplies, criminal activity and random acts of violence. I accept my assignment with full awareness of these risks, and I voluntarily assume all risk of death, injury, illness, and damage to myself or any member of my family associated with such risks.
3. I attest and certify that I have no medical conditions that would prevent me from performing my duties.
4. I waive any and all claims for damages, which I, or my heirs or successors, may have against Bread of Compassion arising from my death, injury, illness, or any property damage or loss occurring during the term of my assignment or as a result of my assignment.
5. In the event that I have minor children who will accompany me on my assignment, I, acting both on my own behalf and in their behalf as parent and legal guardian, do hereby assume all risks of death, illness, or injury that they may suffer as a result of said assignment, from those causes described above.
6. I expressly waive any defense to the enforcement of any provision of this commitment arising from a claim of lack of consideration and warrant that this commitment constitutes a legal, valid and binding obligation upon me, enforceable against me in accordance with its terms.
7. I expressly agree that this assumption of risk and indemnity agreement is intended to be as broad and inclusive as permitted by law. I further state that I have carefully read the foregoing assumption of risk and understand the contents thereof, and I voluntarily sign this release as my own free act.

### ***This form must be signed in front of a Notary Public***

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Guardian \_\_\_\_\_ Date \_\_\_\_\_

State of _____ } Country of _____ }
On this _____ day of _____ before me, _____
A Notary Public in and for said state personally appeared _____,
known to me to be the person who executed the within document and acknowledged to me that he/she executed the same for the purposes therein stated.
My commission expires: _____

**Personal Recommendation**  
*(Please detach from application and give this to your personal reference)*

The individual you are recommending has applied for a short-term humanitarian trip with Bread of Compassion. We would appreciate your confidential comments on the applicant's maturity, stability, temperament, and ability to adjust to new situations. Cultural shock and physical stress place a great demand upon each applicant. Please complete this evaluation and return it to us as soon as possible. The candidate's application cannot be processed until it is received. Thank you for your help.

**Applicant: fill in the shaded section, then give to your reference person.**

Applicant's name \_\_\_\_\_ Phone \_\_\_\_\_  
 Mailing address \_\_\_\_\_  
 City \_\_\_\_\_ State/Zip \_\_\_\_\_  
 Name of outreach country \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State/Zip \_\_\_\_\_

1. How long have you been acquainted with the applicant?  
 Three months or less \_\_\_ one year or less \_\_\_ one-five years \_\_\_ more than five years \_\_\_  
 How well do you know the applicant? By name \_\_\_ Fairly well \_\_\_ Very well \_\_\_
2. Has the applicant participated in any humanitarian projects before? \_\_\_\_\_  
 \_\_\_\_\_
4. What special talents has he/she shown? \_\_\_\_\_  
 \_\_\_\_\_
5. What leadership abilities has he/she evidenced? \_\_\_\_\_  
 \_\_\_\_\_
6. Does he/she have any emotional, mental or physical handicaps? \_\_\_\_\_
7. Your recommendation: Strongly recommend \_\_\_ Recommend \_\_\_ Recommend with  
 reservation \_\_\_ Not Recommend \_\_\_\_\_

The information I have provided to the BOC office is accurate and true to the best of my knowledge.  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

Please mail to: Bread of Compassion, 6 Loker St., Wayland, MA 01778

***ALL PAYMENTS NEED TO BE MADE OUT TO BREAD OF COMPASSION***