

# HONDURAN MISSION

## MISSION VISIT APPLICATION

Parroquia Santa Rosa de Lima  
Guaimaca, F.M., Honduras  
Central America

### I. PERSONAL

Full Name (as appears on your passport) \_\_\_\_\_ Date of Birth (Month-Day-Year) \_\_\_\_\_

Home address \_\_\_\_\_

City State Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone Email \_\_\_\_\_

### II. TRAVEL

Group Leader \_\_\_\_\_ Travel dates \_\_\_\_\_

- **Minors need to be accompanied by a parent.**
- You are required to have a valid passport that will not expire within 6 months of your travel dates.
- You are asked to inform the United States Embassy in Honduras that you will be visiting the Diocesan Mission in Guaimaca, F.M., Honduras.
- Register by visiting: <https://travelregistration.state.gov/ibrs/ui/> Please complete the questionnaire, print it out, and attach it to this application.
- Are you a US Citizen? If not, are you a permanent US resident?

\_\_\_\_\_  
Passport Number Country Expiration Date

### III. MISSION

How did you learn of the Mission?

List any skills you possess which may be of use at the Mission:

Describe your facility with the Spanish Language:

*None Little Moderate Proficient*

Write

Speak

Understand

What has been your experience with people from other cultures or nationalities than your own? (*travel, community living, inner-city work, etc*)

**IV. MEDICAL**

You should visit your doctor to be sure that you are able to participate in a Mission Trip to Honduras, Central America, and ascertain that your immunizations are current. In addition you should specifically ask your doctor about malaria medication, polio vaccine, tetanus, diphtheria, Hepatitis A & B.

**OR...**

You may visit a Travel Clinic, for example the Travel Clinic at The Miriam Hospital (University Medicine): 1125 North Main Street, Providence. Tel: 401-793-4075

**Health Statement** (please read and sign) *I have consulted my doctor, or a physician of travel medicine, relative to this mission trip and I state that I am in good health to travel to the Diocesan Mission in Honduras, Central America, during the above stated dates. I will take the necessary health precautions prescribed by the doctor for a visit of this length. I understand that the Diocesan Mission is located in Guaimaca, F.M., a rural central part of Honduras many miles from the nearest major hospital. The trip will involve travel via airplane, bus, and pick-up truck. Routine communication with the Mission is generally available, as well as emergency medical care. However, emergency services consistent with the care in the United States are within a 2 hour drive, i.e. in the capital city of Tegucigalpa. Activities at the mission consist in walking and other physical activity commensurate with the mission project selected. Visitors will experience the heat and humidity typical of this part of Central America.*

Date of your last physical exam. \_\_\_\_\_

Do you have any medical conditions that might affect your service, or living conditions, or place of assignment? Please explain. \_\_\_\_\_

Please list your prescription medication: \_\_\_\_\_

Do you currently have medical (health) insurance? \_\_\_\_\_

Insurance Company or Carrier \_\_\_\_\_

Type of Coverage: ID Number \_\_\_\_\_

Name of Primary Physician \_\_\_\_\_

Address City/ST \_\_\_\_\_

Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Name Relationship \_\_\_\_\_

Address \_\_\_\_\_

City/ST \_\_\_\_\_

Phone Alternate Phone \_\_\_\_\_

**EMERGENCY TRAVEL INSURANCE** Some type of Emergency Medical Insurance is required of all mission visitors. (You should contact your Medical Insurance Carrier to determine coverage outside of the United States.) A recommendation for travel insurance coverage is: *Adams & Associates (www.aaintl.com)*, which offers Volunteer Missionary Travel Insurance. You are asked to attach a copy of the confirmation form to this application.

**Medical Consent:** *In the event that I become ill or sustain an injury during the mission trip and am able to make medical decisions, I request that those in charge make every effort possible to contact the above named Emergency Medical Contact. In addition, I give my permission to those in charge to take whatever steps necessary to administer first aid and medical treatment. I give permission to the attending medical personnel to secure proper medical treatment that would enable me to return to the United States for further treatment and/or care.*

Signature \_\_\_\_\_

Signature Date \_\_\_\_\_

Witness

Signature Date \_\_\_\_\_

## V. DOCUMENTATION

### Have you completed the Application by:

\_\_\_ Providing a photocopy of your passport?

\_\_\_ Providing a copy of the Insurance Confirmation?

\_\_\_ Signing Medical Form?

\_\_\_ Contacting the US Embassy in Honduras? Print and attach the questionnaire.

## VI. STATEMENT

**Authenticity:** *I attest that I make this Application of my own free will and with the desire to participate in this service project offered by the Honduran Mission. I attest that all information submitted to the Mission Team pertinent to the Application is true and complete to the best of my knowledge. I understand that inaccurate, incomplete, or misleading information are sufficient grounds for the rejection of this Application. I understand that no person has a right to be accepted into this mission service program.*

**Confidentiality:** *I further understand that these forms will be kept by the group coordinator at the Mission during my stay and return to me before my departure.*

**Liability:** *I agree to indemnify and hold harmless, the Archdiocese of Tegucigalpa, the Trip Coordinator(s), and the Dominican Sisters from any claim of injury during my travel and stay at the Diocesan Mission in Guaimaca.*

Signature \_\_\_\_\_ Signed Date \_\_\_\_\_

**Thank you for your interest in visiting the Mission!**

**CONTACT INFORMATION THAT MAY BE LEFT WITH FAMILY AT HOME:**

**AIRPORT**

Visitors usually arrive at Toncontín International Airport (TGU) which is a civil and military airport that serves Tegucigalpa, the capital of Honduras.

**MISSION**

Visitors usually stay in the dormitories at the Parish of St. Rose of Lima in Guaimaca, F.M. (in the Department of Francisco Morazán).

*Parroquia Santa Rosa de Lima, Casa Cural, Barrio el Centro, Guaimaca, F.M., Honduras, Central América*

Rectory telephone number: 011-504-769-4292

Dominican Sisters telephone number is: 011-504-769-3672

**Email addresses and phone numbers that could be helpful are:**

Sr. María Ceballos, OP: [srmariaceballos@aol.com](mailto:srmariaceballos@aol.com); 011-504-9871 2597

Sr. Marta Inés Toro, OP: [mitorop@gmail.com](mailto:mitorop@gmail.com); 011-504-9849 2772

Sr. Teresa María Abelló, OP: [tmabello@terra.com](mailto:tmabello@terra.com); 011-504-9738 1345

Website for the Dominican Sisters: <http://www.presentation-op-usa.org/>-

Honduran Mission Blog: <http://dominicansistershonduranmission.blogspot.com/>-

**FLIGHT INFORMATION**

Flight to Honduras: Airline \_\_\_\_\_ Date of Travel: \_\_\_\_\_

Flight #: \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

Flight #: \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

Return Flight to US: Airline \_\_\_\_\_ Date of Travel: \_\_\_\_\_

Flight #: \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

Flight #: \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_