

La Romana Mission Trip Check List
Feb. 23 – March 3, 2024

Name: _____

Age: _____

October Due:

- _____ Deposit : \$800.00
- _____ Mission Application Form
- _____ Team Member Medical Form
- _____ Request & Release Form
- _____ Passport (*passport must expire after 6/05/2024*)
- _____ Driver's license
- _____ Medical Insurance card copy (front & back)
- _____ Birth Certificate
- _____ Volunteer Work Preference & Experience

- _____ **Medical Providers: photocopy of current license**

- _____ **Proof of Vaccination: photocopy of card**

Over age 18 only

- _____ CORI Form
- _____ Praesidium Form

Youth under age 21 only

- _____ Youth Medical Authorization Form (1 parent signature)
- _____ Letter For Travel Authorization to a Foreign Country Form (*notarized*)

November 6th Due:

- _____ Second payment: \$400.00

December 11th Due:

- _____ Final payment / balance: \$400.00

Traveler Team Fundraising Goal: \$1,000

First Church in Sterling/Central Mass La Romana Mission Trip Application – February 2024

LaRomana.fcsterling.org

You are invited to be part of this ecumenical mission to the city of La Romana, Dominican Republic and the surrounding sugar cane villages, serving both the Haitian & Dominican poor. A diverse group offers medical clinics & outreach, and does construction work at the Good Samaritan Hospital or building a home. Medical providers, construction workers (skilled & unskilled) and youth (16+ years old) are welcome. Youth traveling without a parent will have an adult assigned be responsible for them.

2024 TRAVEL DATES: Friday PM February 23 - Sunday AM March 3, 2024

TRIP LEADER: Jennifer Colburn Email: jenncolburn2@gmail.com Phone: 978-333-4103

TOTAL COST: \$1600. THE FULL COST OF TRIP IS TAX-DEDUCTIBLE! We cannot hold space without the full deposit. If we have not received all documentation and payment by Dec 11, 2023 - you will be removed from the roster.

PAYMENT & FORMS: Checks are payable to First Church in Sterling (write La Romana Mission in memo). Mail all funds & documentation & forms to First Church in Sterling (ATTN: La Romana PO BOX #40 Sterling, MA 01564)

FUNDRAISING: All travelers are expected to participate in group fundraising efforts. The group funds are raised for mission expenses, not individual travel expenses. (individuals are free to fundraise for their travel expenses provided it is clearly delineated to the donor)

PLACEMENT: Although a spot will be initially reserved for applicant upon 1st deposit & application, placement is not guaranteed until total payment and all forms & documentation have been received – On due dates noted.

» **2024 SCHEDULE: SPACE IS LIMITED SO PLEASE APPLY AS SOON AS POSSIBLE!** «

❖ **October 16th:** DUE—1st Non-refundable \$800 deposit AND attached Application, Medical Form & Trip Release and all the following documents.

PASSPORT: (Expiration date must be later than 3 months after our return)

DRIVER'S LICENSE: (Original license should be taken on the mission trip)

MEDICAL INSURANCE CARD: Photocopy of both sides of card – front & back

BIRTH CERTIFICATE: Photocopy of original document

CORI Form— ALL participants over 18-years old must complete this MA criminal background check even if one is on file at Church or place of employment

PRAESIDIUM FORM— This is an additional criminal background check that extends search beyond MA – BOTH forms are required for this mission trip

“YOUTH” UNDER THE AGE OF 21: 2 additional forms required—A **Youth Medical Form** signed by parent and a notarized authorization signed by BOTH parents.

MEDICAL PROVIDERS: Must provide a photocopy of current license (MD, RN, NP, etc)

❖ **November 6th:** DUE—2nd payment \$400

❖ **December 11th:** DUE—Third payment/balance \$400

IMPORTANT DATES TO BE ANNOUNCED:

FUNDRAISERS: Including our biggest community-wide event, the Super Bowl Lunch Auction

SUPPLY PACKING SESSIONS: We gather and organize our donations for distribution.

PACKING DAY & PRE-TRIP TEAM MEETING-- Attendance is mandatory for Mission Team Members (others welcome!)

★ Please begin collecting donations as soon as possible: Medicine & Medical Supplies; Dental Care Products; Summer Clothing & Shoes; Spanish Language Books; Condoms; Pregnancy Kits; Kites & Bubbles; School Supplies & Bags; Sports Equipment; Etc.

MISSION TRIP IN LA ROMANA: Our Tentative Itinerary for the Week of Feb 23 – March 3, 2024

We depart late Friday evening by bus from First Church in Sterling to Logan Airport to Santo Domingo. Saturday is spent settling in, unpacking duffels & preparing supplies. Sunday includes morning and evening worship at local churches, a trip to a local beach & additional prep time. Monday - Friday is a busy workweek, with some organized evening activities including our Friday evening sunset service on the beach. A Saturday group outing is planned as a time to relax and reflect together on the mission experience. We fly from Santo Domingo to Logan early Sunday morning & return home by bus to First Church in Sterling later Sunday morning.

★ **IMPORTANT NOTE:** All plans are subject to change without notice based on the needs or safety of our team & of the Mission Project.

La Romana Mission Trip Request & Release

**1st Church in Sterling/Central Mass La Romana Mission Trip 2024
Friday, Feb 23 - Sunday, March 3, 2024**

I do hereby request permission to participate in the above noted La Romana Mission Trip to the Dominican Republic sponsored by the First Church in Sterling/ Central Mass La Romana Mission Team, a non-profit organization. **I have received and read the Mission Orientation Guide and agree to abide by the rules and code of behavior.**

I fully understand that I am exposing myself to certain dangers by participating in this trip including, but not limited to, the hazards of accidents or illness, the risks of political turmoil, the forces of nature and risks of negligence of the Church and its agents or employees in the exercise of reasonable care to avoid harm to participants.

In consideration of the grant by the First Church in Sterling/Central Mass La Romana Mission Trip of the permission which I hereby request, I agree that I shall participate at my own risk and I waive any right to assert any claim against the First Church in Sterling/Central Mass La Romana Mission Trip or its agents in respect of work performed or any injury, illness or loss which I or any minor child or other person who is dependent on me may sustain in the course of or which arises out of such participation in this mission trip or such accompaniment. I waive any such claim for myself,

• Full Name: _____

Address: _____

Signed: _____ Date: _____

1. If Participant is under the age of 21-years:

Parent Name: _____

Address: _____

Signed: _____ Date: _____

2. Witness Name: _____

Address: _____

Signed: _____ Date: _____

FIRST CHURCH IN STERLING/CENTRAL MASS LA ROMANA MISSION TRIP

TEAM MEMBER MEDICAL FORM

This is a confidential form for emergency use only: It is intended for your safety & well-being while on this mission trip. The form will only be accessed by First Church in Sterling/Central Mass Mission Trip Team & Group Leaders, and by licensed medical professionals – It will be either destroyed or returned to you at the end of the trip. Please fill this form out completely & accurately, then sign it and attach to your original Application Form. All Team Members are encouraged to speak to the Group Leader and/or Medical Team Leader at any time regarding any questions or concerns about the medical information provided, and if any changes are required. ▶This form will be available at Packing Day for any necessary changes or updates. ◀

- **UNDER AGE 21:** There is an additional Youth Medical Form to be completed as well

Name _____

Address _____

Date of birth _____

Emergency contact (someone NOT on the trip) _____

Emergency contact phone number(s) _____

Family Physician name and phone number _____

Allergies (please specify) _____

Date of last tetanus shot _____ Any other recent shots _____

HEALTH CONDITIONS: (*check all that apply*) Heart__ Asthma__ Other lung problems__
Diabetes__ Seizures__ Stomach problems__ Kidney problems__ Bleeding problems__
High Blood Pressure__ Any other health concerns__

(If you checked any of the above, please use back side or attach another page describing your condition, treatments needed, and other pertinent information about your health condition.)

MEDICATIONS YOU ARE TAKING (OR MAY NEED) *List name and dose and number of times*

per day that you take them. _____

Health Insurance Information _____

In the case of extreme emergency, I give permission for treatment by a physician.

Signature _____ Date _____

First Church in Sterling/Central Mass La Romana Mission Application Form

Full Name on Passport: _____

Date of Birth: _____ Passport #: _____ Expiration Date: _____

Nationality: _____ Primary Language: _____

Name/Nickname That You Preferred to be Called: _____ Age: _____

Address: _____ E-mail: _____

Town _____ State _____ Zip _____ Which Dorm- Male ___ Female ___

Home Phone Number: _____ Cell Phone Number: _____

Parent's name and email if under 18: _____

Occupation: _____ Place of Employment: _____
{If Full-Time Student, please note name of school under 'Place of Employment'}

Emergency Contact: _____ Phone _____
{Someone not traveling with you} Relationship: _____

Insurance Beneficiary: _____ Phone: _____
{For missionary accident insurance} Relationship: _____

List ANY Physical Limitations: _____

MUST BE FULLY Vaccinated against COVID-19 (Please provide a copy of Vaccine Record Card)

Most Recent Tetanus Shot Date (Recommendation is to have had one within the last 5 years): _____
(Information on other suggested health precautions will be provided at our orientation.)

Health Insurance Provider _____ POLICY # _____
(Please bring insurance card on trip. Emergency medical evacuation insurance is provided.)

★ APPLICANT SIGNATURE : _____ DATE: _____

★ PARENT SIGNATURE & DATE IF APPLICANT IS UNDER 21-YEARS OLD:

_____ DATE: _____

VOLUNTEER WORK PREFERENCE AND EXPERIENCE

CHECK ANY AREAS THAT APPLY:

___ **Construction Team** (Possibilities include work at Good Samaritan Hospital, schools, churches, water filters, etc)

___ **Medical Team** (What area: _____ Licensed?: _____ In What State?: _____)

___ **Batey Outreach** – Interacting with the children & adult members in the local communities

Special Skills: (Music/Singing, Sunday School Teacher, Drama, etc.) _____

___ **Days for Girls** - Teaching young women sexual education and feminine hygiene.

___ **Use me where needed based on each day's assignments**

___ **Other** (Please Specify:) _____

Licensed Therapist; Social Services; Computers/IT; Office Work; Gardening; Photography; Knitting/Sewing, etc.

LANGUAGE SKILLS: ___ **Some Spanish** ___ **Fluent Spanish** ___ **French**
___ **Haitian Creole** ___ **Some English** ___ **Fluent English**

HOME CHURCH OR RELIGIOUS BACKGROUND: _____

CONSTRUCTION WORKERS: To aid in assigning tasks that will be suitable & rewarding, please indicate experience level below— We will try to take this information into account, so please give an accurate assessment of your experience. You might be asked to bring some tools on the trip that will enable you to use this experience. Depending on jobs available to us on the trip, we cannot guarantee that your special skills will be required.

Use the following number guide to indicate your experience level in each category below.

1.-Low Experience 2.-Medium Experience 3.-Advanced Experience 4.-Professional Experience (Adults Only)

If you are under 21 years of age and mark yourself as having Medium Experience (level 2) or Advanced Experience (level 3) in any area, you must have your parents sign in the area below.

PLEASE INDICATE EXPERIENCE LEVEL 1 - 4: ___ **Painting** ___ **Rough carpentry** ___ **Drywall**

___ **Masonry** ___ **Concrete Work** ___ **Electrical** ___ **Heating/Cooling** ___ **Plumbing**

___ **Finish Carpentry** ___ **Computers** ___ **Other: List** _____

Parent sign to indicate confirmation of skills if participant is under 21 _____

Operating equipment (Power tools, etc) _____ **Trade licenses:** _____

Your talents, skills and requests will be utilized as best as schedules and tasks permit. Please be flexible. There are always changes in plans and requirements during the trip that we cannot anticipate.

Uniform Size - During travel, the team wears the same brightly colored t-shirt to identify the group as a team. Please fill in the size t-shirt you would like.

_____ (Sm, Med, Lg, XL, XXL, XXXL)

Letter For Travel Authorization To a Foreign Country

»Required for all participants under age 21«

Dear Consul General:

We/I _____
(Parents or Guardians Name)

of _____
(Complete Address)

are the parents or guardians and have legal custody of _____
, a minor child, who resides with _____
(Minor Child's Name)

us at the address set forth above. We/I hereby authorize the minor to travel in the Dominican Republic during the dates February 23 through March 3, 2024 with the La Romana Mission Team from The First Church in Sterling/Central Mass and the designated group leader: Jennifer Colburn

(Parent/Legal Guardian Signature)

(Parent/Legal Guardian Signature)

NOTE: In the case of two parent families/legal guardians, BOTH parents/legal guardians must sign this form and have it notarized. In the case of single parent families, the sole parent/legal guardian may sign.

who is personally known to me to be the same person(s) who executed the above and foregoing instrument, and they duly acknowledge the execution of this same.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed my official seal on the day and year above written.

NOTARY

STATE OF _____ COUNTY OF _____

Be it remembered, that on this day, _____ before me,
(Date)

the undersigned, a Notary Public in and for the County and State aforesaid,
name _____

(Notary)

Date _____

First Church in Sterling/Central Mass La Romana Mission Team 2024 Youth Medical Authorization

It is *absolutely* necessary for the group leaders to have telephone numbers where the parent, or person designated by the parent, can be reached in case of an emergency. This information will help us provide medical treatment for your son/daughter if it becomes necessary.

Participant Name _____ Date of Birth ____/____/____

Address _____ Church _____

Mailing Address _____

PARENTS OR GUARDIANS INFORMATION:

1. Parent/Guardian _____ Home Tel.# _____

Employed at _____ Bus. Tel.# _____

- Relation to Youth: _____
- Cell Phone: _____

2. Parent/Guardian _____ Home Tel.# _____

Employed at _____ Bus. Tel.# _____

- Relation to Youth: _____
- Cell Phone: _____

DESIGNATED PERSON TO CALL IF PARENTS CANNOT BE REACHED:

1. Name _____ Tel. # _____

- Relation to Youth: _____
- Cell Phone: _____

2. Name _____ Tel. # _____

- Relation to Youth: _____
- Cell Phone: _____

If there is an emergency and I cannot be reached, I authorize any Team Leader to secure medical help for my son/daughter.

It is my understanding that this authorization will be in effect during the entire time my son/daughter is with the 2024 First Church in Sterling La Romana Mission Team from anticipated departure and return from/to The First Church in Sterling, MA: from Friday, Feb 23 through Sunday, Mar 3, 2024.

IMPORTANT: The completed Team Member Medical Form must be attached to this document!

Date ____/____/____

Signed _____ Print Name: _____

Parent/Guardian

PRAESIDIUM, Inc.
Background Screening Services

I understand that First Church in Sterling is requesting all available national criminal offender record information on me, including National Sex Offender Registry information. This is required by First Church for all staff and volunteers who interact with children 18 years of age or younger. I understand that I will be supplied with any criminal record information generated by this background check regardless of whether it impacts my ability to serve in a staff or volunteer capacity.

APPLICANT INFORMATION (PLEASE PRINT)

_____-_____-_____
SOCIAL SECURITY NUMBER

CURRENT ADDRESS

(PLEASE PRINT)

PHONE NUMBER

BIRTH DATE

Signature:

Date:

The First Church in Sterling

6 Meetinghouse Hill Rd., PO Box 40, Sterling, MA 01564
Minister; Rev. Robin W. Bartlett
978-422-6657 www.fcsterling.org

First Church in Sterling is requesting all the available criminal offender record information (CORI) on the following individual from the Criminal History Systems Board pursuant to Chapter 6 §172H which mandates organizations primarily engaged in providing activities or programs to children 18 years of age or less that accepts volunteers, to obtain all CORI regarding staff and volunteers.

APPLICANT INFORMATION (PLEASE PRINT)

LAST NAME

FIRST NAME

MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE)

PLACE OF BIRTH

DATE OF BIRTH

SOCIAL SECURITY NUMBER
(Required)

ID Theft Index PIN *
(if applicable)

MOTHER'S MAIDEN NAME

CURRENT AND FORMER ADDRESSES:

SEX: ____ HEIGHT: ____ ft. ____ in. WEIGHT: ____ EYE COLOR: ____

STATE DRIVER'S LICENSE NUMBER: _____
(Include state of issue)

***THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION: _____.

REQUESTED BY: _____

- **SIGNATURE OF CORI AUTHORIZED EMPLOYEE**

*The CHSB Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft Index PIN Number by the CHSB. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process.

All CORI request forms that include this field are required to be submitted to the CHSB via mail or by fax to 617-660-4614.

The First Church in Sterling

6 Meetinghouse Hill Rd., PO Box 40, Sterling, MA 01564
Minister; Rev. Robin W. Bartlett
978-422-6657 www.fcsterling.org