

**La Romana Mission Trip Check List**  
**2026 Dates: February 13<sup>th</sup> – February 22<sup>nd</sup>, 2026**

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

Age: \_\_\_\_\_

**October 15th Travel Deposit Due:**

- \_\_\_\_\_ Deposit : \$800.00
- \_\_\_\_\_ Mission Application Form
- \_\_\_\_\_ Team Member Medical Form
- \_\_\_\_\_ Request & Release Form
- \_\_\_\_\_ Passport (*passport must expire after 6/05/2026*)
- \_\_\_\_\_ Driver's license
- \_\_\_\_\_ Medical Insurance card copy ( front & back )
- \_\_\_\_\_ Birth Certificate
- \_\_\_\_\_ Volunteer Work Preference & Experience
- \_\_\_\_\_ **Medical Providers: photocopy of current license**

**Required If Over age 18**

- \_\_\_\_\_ CORI Form
- \_\_\_\_\_ Praesidium Form

**Required if under age 21**

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

**November 15th Travel Installment Due:**

- \_\_\_\_\_ Second payment: \$400.00

**December 15th Travel Final Payment Due:**

- \_\_\_\_\_ Final payment / balance: \$400.00

**Traveler Fundraising Goal: \$1,000 (please initial as acknowledgement)**

## First Church in Sterling/Central Mass La Romana Mission Trip Application – February 2026

### [LaRomana.fcsterling.org](http://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 construction work at the Good Samaritan Hospital or around homes in a Batey. Medical providers, construction workers (skilled & unskilled) and youth (16+ years old) are welcome.

**Youth traveling without a parent need an adult agreed to be responsible for them.**

### **2026 TRAVEL DATES: February 13<sup>th</sup> – February 22<sup>nd</sup>, 2026**

**TRIP LEADERS:** Jennifer Colburn Email: [jenncolburn2@gmail.com](mailto:jenncolburn2@gmail.com) Phone: 978-333-4103  
Erin O'Connor [theoconnorfamil2@icloud.com](mailto:theoconnorfamil2@icloud.com) 617-320-3301

**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, 2025 - 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 and to raise the equivalent of \$1000 each. These funds are raised for mission expenses outside of travel: medications, translators, medical staff, construction materials, etc.). Individuals are welcome to fundraise for their travel expense costs, provided it is clearly delineated to the donor).

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

❖ **DEPOSITS CAN BE DROPPED OFF AT FIRST CHURCH STERLING OR BROUGHT TO MEETINGS.**

❖ **October 15th:** DUE—1<sup>st</sup> Non-refundable \$800 deposit AND attached Application, Medical Form & Trip Release and copies of 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 or legal guardian(s).
- **MEDICAL PROVIDERS:** Must provide a photocopy of current license (MD, PA, NP, RN, etc)

❖ **November 15th:** DUE—2<sup>nd</sup> payment \$400

❖ **December 15th :** DUE—Third payment/balance \$400

### **OTHER ACTIVITIES TRAVELERS ARE EXPECTED TO PARTICIPATE IN:**

**FUNDRAISERS:** Include an online auction, and a Super Bowl Lunch Auction. Regardless of church or age of traveler, TRAVELERS should participate in fundraising efforts to raise about \$1K PER PERSON OR \$30K IN TOTAL

**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 for Medicine & Medical Supplies; Dental Care and Hygiene Products; Summer Clothing & Shoes; Spanish Language Books; Condoms; Pregnancy Kits; Kites & Bubbles; School Supplies & Bags; Sports Equipment, etc.

**MISSION TRIP IN LA ROMANA:**

We depart early Friday morning by bus from First Church in Sterling to Logan Airport, flying to Santo Domingo, DR. Friday & Saturday are spent settling in, unpacking duffels & preparing supplies, and a trip to a local beach. Sunday includes am and pm worship at local churches & additional prep. 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

### The First Church in Sterling/Central Mass La Romana Mission Friday, Feb 13th – Sunday February 22nd, 2026

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 understand my participation in this trip includes not only the travel and work to support the poor in La Romana, but also includes participation in monthly team meetings, packing and organization days, and fundraisers necessary to support the costs of this mission.

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: \_\_\_\_\_

## 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 Disease \_\_\_\_ Asthma \_\_\_\_ Diabetes \_\_\_\_  
Seizures \_\_\_\_ Stomach problems \_\_\_\_ Kidney problems \_\_\_\_ Bleeding disorder \_\_\_\_ Migraines \_\_\_\_  
High Blood Pressure \_\_\_\_ Deaf/Hard of Hearing \_\_\_\_ Pregnant \_\_\_\_ Other health concerns \_\_\_\_  
(If you checked any of the above, please describe your condition, treatments needed, and other  
pertinent information about your health condition. Use the back of paper if necessary)

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**MEDICATIONS YOU ARE TAKING (OR MAY NEED)** *List name and dose and number of times per day that you take them.* \_\_\_\_\_

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**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:** \_\_\_\_\_

List ANY Physical Limitations: \_\_\_\_\_

List Food Restrictions. \_\_\_\_ Vegetarian \_\_\_\_ Gluten Free \_\_\_\_ Other (please describe) \_\_\_\_\_

**Most Recent Tetanus Shot Date** (Recommendation is to have 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.)*

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☐ **APPLICANT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

☐ **PARENT SIGNATURE & DATE (IF UNDER 18 YEARS OLD):**

\_\_\_\_\_ **DATE:** \_\_\_\_\_

## **VOLUNTEER WORK PREFERENCE AND EXPERIENCE**

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

### **CHECK ALL AREAS THAT APPLY:**

   **Construction Team** (Projects may include work at The Good Samaritan Hospital, schools, bateys, churches, etc.)

   **Medical Team** (Roles include direct patient care, taking vitals, pharmacy, lab work, or clothing distribution)

What roles would you like to do: \_\_\_\_\_

Licensed In : \_\_\_\_\_ In What State?: \_\_\_\_\_

   **Batey Bible School** – Working with children & adults in the local communities

   **Days for Girls** – Teaching or assisting with young woman about female health/hygiene

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

   **Other Skills** (Please Specify:) \_\_\_\_\_

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

**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 projects available, we cannot guarantee your special skills will be required.

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

**Leave Blank – No Experience**

**B - Beginner   M - Medium Experience   A - Advanced Experience   P - Professional**

*If you are under 21 years of age, you must have your parents sign in the area below.*

**PLEASE INDICATE EXPERIENCE LEVEL (Blank, B, M, A, P):**      Painting      Drywall      Rough carpentry

   Finish Carpentry      Masonry      Concrete Work      Electrical      Heating/Cooling

   Plumbing      Computer/Networking      Other: (describe) \_\_\_\_\_

**Parent please sign to indicate confirmation of skills (if participant is under 21)** \_\_\_\_\_

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.

**T-Shirt 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 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)

at the address set forth above. We/I hereby authorize the minor to travel in the Dominican Republic during the dates Friday, Feb 13th through Sunday, Feb 22nd, 2026 with the La Romana Mission Team from The First Church in Sterling/Central Mass and the designated group leaders: Erin O'Connor and Jennifer Colburn

\_\_\_\_\_  
(Parent/Legal Guardian Signature)

\_\_\_\_\_  
(Parent/Legal Guardian Signature)

*NOTE: In the case of two parent families/two 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 \_\_\_\_\_

## **Central Mass La Romana Mission Team 2026 Youth Medical Authorization**

**It is 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\_\_\_\_\_

PERSON RESPONSIBLE WHO IS TRAVELING ON THE TRIP\_\_\_\_\_

**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 2025 First Church in Sterling La Romana Mission Team from anticipated departure and return from/to The First Church in Sterling, MA: from Friday, Feb 13th through Sunday, Feb 22<sup>nd</sup>, 2026.

**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](http://www.fcsterling.org)