

HONDURAN MISSION

MISSION OF THE DIOCESE OF FALL RIVER



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

MISSION VISIT APPLICATION

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

- 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:

	<i>None</i>	<i>Little</i>	<i>Moderate</i>	<i>Proficient</i>
Write	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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 the information I provide will become the property of the Diocese of Fall River and will not be accessible to me. I understand that the decision for acceptance or non-acceptance will be made at the discretion of the Mission Team and there is no obligation on its part to report to me the reason behind any or all decisions regarding this application.*

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

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.

Marie Poussepin Center telephone number is: 011-504-769-3672

Email addresses for the Mission Team are:

Fr. Craig Pregana: Craigp6204@gmail.com

Sr. Maria Ceballos, OP: srmariaceballos@aol.com

Sr. Marta Inés Toro, OP: mitorop@aim.com

Website for the Mission: www.FallRiverMissions.org

Diocese of Fall River: Chancery Office, 450 Highland Avenue, Fall River, MA 02720

Telephone: 508-675-1311

www.FallRiverDiocese.org

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 _____