



CORSTONE
*Fostering Emotional Resilience
for Challenge, Conflict or Crisis.*



Nicaragua Memorial Trip June 21 – July 2, 2011

Please complete and return to CorStone 33 Buchanan Drive, Sausalito, CA 94965 along with your workgroup deposit.

If, for some reason, SOL and/or Project Grace can not accept your application to participate in a work group, your full deposit will be refunded.

Name (full legal name as it appears on your passport) _____

Nickname _____ Gender (please circle) : Male / Female

Address _____

City _____ State _____ Zip _____

Your Email _____ Age (at time of departure)

Daytime phone (____) _____ Evening phone (____) _____

For Minors (under 18): Parents' daytime phone _____ parents' evening
phone _____

Parents' email

Other Information. This information will be kept confidential. If you prefer to give it over the phone, please call our office.

Passport Number (if available):

Passport issue date:

Passport expiration date:

Birth date:

Describe your level of fluency in Spanish (please circle one): none low intermediate advanced

How did you learn about Project Grace and SOL's work groups?

What are your reasons for wanting to be a work group volunteer?

What experience or skills do you have that might be relevant to a work group?

Describe an experience in which you adapted to a different culture or other new situation.

We recommend that you reread the Work Group Policies in the volunteer packet before completing the next three questions:

What do you expect to experience for the first time on this trip?

What concerns or reservations do you have about going?

What do you expect will be the most difficult physical or mental challenge you will face?

What is your physical capability? Are you able to jump in and out of pickup trucks, load and unload your heavy luggage, and participate in other somewhat strenuous activities? Please describe any limitations you have in this area. (This information will not have any bearing on your admission to the program).

Do you have any special dietary needs or restrictions you would like us to know about

(vegetarian, vegan, etc.)?

Do you have a partner, family member, or friend also participating in this work group, who (when possible) you would prefer to room with?

How do you expect to share your SOL work group experience with your community upon your return?

Medical Waiver and Liability Release

Please read, sign, and return both pages of this form to your work group leader or Seeds of Learning at least 90 days before departure. Submit Minor Permission Release and SOL Guardianship Form for youth.

Through our information programs and pre-departure orientations, Seeds of Learning seeks to provide you with information on the potential risks and hazards of living and traveling in a foreign country, and on how these may impact your health and safety. For additional sources of information, the US Department of State publishes travel advisories for all countries to inform Americans of physical dangers, serious health hazards or other conditions. Travel advisories are available at regional passport agencies, on the web at www.travel.state.gov or by calling the Citizens Emergency Center at 202-647-5225.

I, _____ (**full legal name of work group participant, herein I may also be referred to as the “Work Group Participant”**) understand that foreign travel and volunteer work projects may present problems, including disease, accidents or other special hazards endemic to Central America. I have voluntarily agreed to participate in a Seeds of Learning work group to Nicaragua **on the following dates (please fill in)** _____ to _____, 2011.

In return for being permitted to participate in this work group, I agree to the following terms and conditions:

1. I assume the risk of foreign travel and volunteer work. I release, indemnify and hold harmless Seeds of Learning and its officers, agents and employees from any liability whatsoever related to my participation in the above work group. I will not assert claims for, or hold Seeds of Learning responsible for any costs or losses resulting from injury, illness, disability or any events not within the reasonable control of Seeds of Learning.
2. I understand that Seeds of Learning may provide me with Overseas Traveler’s Protection Plan insurance with limited coverage for accident (\$10,000), sickness (\$10,000), emergency evacuation and repatriation of remains (\$25,000), accidental death and dismemberment (\$25,000), trip interruption (\$500), and other coverage. For more information, and to see a schedule of benefits and coverage, please visit <http://www.otplan.com/coverage>. Seeds of Learning will purchase the ‘Low’ Option.

Work Group participant is responsible to pay all deductibles. I have read or received a copy of such insurance policy. I understand that this coverage will begin on the departure date of my work group and end on the return date of my work group. I understand the coverage and limits under this policy and also understand that, if I choose, I may obtain additional insurance coverage at my own cost; coverage as I deem necessary to cover pre-existing conditions, as well as coverage for any additional travel I elect to do before and/or after the work group. Some group leaders may elect to refuse SOL's offer of insurance coverage, per a written refusal. SOL will not purchase the above-mentioned insurance plan for said group participants.

3. I hereby authorize Seeds of Learning agents or personnel to secure and approve any necessary emergency medical treatment where, in the opinion of a certified medical authority, it is deemed necessary and I am unavailable to authorize such treatment. This permission is granted between the dates noted above. I agree to reimburse Seeds of Learning for any expenses incurred beyond those covered in paragraph 2 in securing treatment.
4. I understand that Seeds of Learning has the right to discontinue my participation if I disregard reasonable directives regarding safety, liability or laws and regulations of the host country. I have read and fully understand and agree to abide by the *SOL Workgroup Policies, including the Policy on Material Gifts to Individuals*.
5. I understand that it is my personal responsibility to obtain a valid passport and all other travel documents required to enter the country hosting the Seeds of Learning project for which I am volunteering.
6. I have fully informed myself of the contents of this affirmation and release, and I further state that I understand the terms herein are contractual and not a mere recital. I acknowledge that this release is a condition precedent to participating in a Seeds of Learning program. It is understood and agreed that this is a full and final Release, which is not limited in any way. By signing this Release, the Work Group Participant, intend and expressly agree that it shall be effective as a bar to each and every claim, demand and cause of action the Work Group Participant may have or has against Seeds of Learning as of the date the Work Group Participant signs this Release. The Work Group Participant also hereby expressly waives any and all rights and benefits conferred upon him/her now or in the future under the terms of California Civil Code Section 1542, which provides as follows:

“A general release does not extend to claims which the creditor does not now know or suspect to exist in his or her favor at the time of executing the release, which, if known by him or her, must have materially affected his or her settlement with the debtor.”

Name _____ Signature _____

Date _____

Emergency Information

Name of medical insurance co. _____ Group or policy # _____

Physician _____ Phone (____) _____

Person to contact in case of an emergency:

Name (please print) _____ Relationship _____

Address _____

Phone, Day (____) _____ Evening (____) _____

Email (optional) _____

Note: Email will be used for emergency notification only if all efforts to contact the above person by phone are unsuccessful.

Physical limitations _____

Asthma, food allergies, medication allergies, or respiratory problems _____

Other chronic medical conditions _____

Current Medications _____

Minor Permission Release

If work group volunteer is under 18 years of age **both** parents or legal guardians must sign and return this *Minor Permission Release* with the *Medical Waiver and Liability Release*.

I, _____ (print name), the lawful mother/legal guardian of _____ (a minor), do hereby grant permission to my son/daughter to leave the United States and travel with the Seeds of Learning work group to Nicaragua El Salvador on the following dates (please fill in) _____ to _____, 2011. My child is under the guidance and supervision of Seeds of Learning and _____ (group leader).

Signature _____ Date _____

I, _____ (print name), the lawful father/legal guardian of _____ (a minor), do hereby grant permission to my son/daughter to leave the United States and travel with the Seeds of Learning work group to Nicaragua on the following dates (please fill in) _____ to _____, 2011. My child is under the guidance and supervision of Seeds of Learning and _____ (group leader).

Signature _____ Date _____

SOL Guardianship Form Note: All parents of minors under the **age of 16** must fill out this form and have it officially notarized before returning it to Seeds of Learning.

Date _____

To Whom It May Concern:

From: _____ (name of each parent)

Re: Guardianship of our son/daughter with Seeds of Learning while in Nicaragua (circle all that apply) from _____ to _____ 2011. This letter hereby gives _____ (name of guardian) of

_____ (guardian's address) guardianship of our son/daughter _____ (minor's name) from _____ to _____, 2011. He/She will be traveling to and staying in _____ (write in all countries that apply) during these dates.

We wish _____ (name of responsible guardian) to be afforded all the legal rights of guardianship as might be needed with regards to our son/daughter, _____ (minor's name).

Sincerely,

Father's name _____ Father's signature

Mother's name _____ Mother's signature

Please Select A Payment Option. Make checks payable to CorStone/Project Grace.

- I would like to pay for my trip. **Total \$2,200** (\$1,00.00 deposit included).
- I would like to pay for my trip and also sponsor a scholarship applicant. **Total \$4,400** .
- I would like to be considered for a scholarship (if so we will contact you to discuss your needs).