



**Instructions:**

1. *New trip members:* Please complete all sections of this application.

*Prior trip members:* If you have previously participated in Pura Vida work trip, you may skip section II ("Questions").

2. Attach a copy of your passport.
3. Deliver completed packet and \$250 deposit to Pura Vida at the address below. Please make checks payable to Pura Vida.

Pura Vida  
PO Box 16460  
Golden, CO 80402

For trip schedule and details see our website: [www.puravida.org](http://www.puravida.org)

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| <p><input checked="" type="checkbox"/> <b>Checklist</b></p> <p><input type="checkbox"/> 1. Complete all sections of this application.</p> <p><input type="checkbox"/> 2. Attach a copy of your passport.</p> <p><input type="checkbox"/> 3. Turn in application with deposit.</p> |
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**I. Personal Information**

**1. Address details:**

Name		Age	Sex	Occupation
Phone (main)		Phone (mobile)		E-mail
Mailing Address			Local Church Name / Address	
Minister Name		Minister Phone		Minister E-mail

**2. Passport Information:**

EXACT Name on Passport		Passport Number	
Place of Issue		Date of Issue	Date of Expiration

**3. Which airport will you be departing?**

Denver

Other:

**4. Will you be traveling with the group?**

Yes

No (Please attach travel schedule)

**5. Do you speak Spanish?**

If so, please specify your ability:

Basic

Advanced

Fluent

**6. Are you prepared to travel distances**

which would cause a lapse in contact with family and/or business where you could not be reached for up to two to three days?

Yes

No

**7. Other Information:**

Medical Qualifications (MD, RN, EMT, CPR, etc.):
Significant Dietary Restrictions:
Name of Preferred Roommate(s):

## **II. Questions**

> *If you have previously participated in Pura Vida work trip, you may skip this section*

1. Why do you wish to participate in this mission? Tell about yourself, including local church and community involvement, hobbies, and any other information that might be useful during this mission (use separate page if necessary).

2. The mission will include some fairly rigorous activity and the hours may be long. Please indicate the general state of your health. Is there anything team leader should be aware of health-wise (allergies, diet, specific medicines that should not be administered, etc.)?

3. Please check all applicable skills and explain in detail, where appropriate. We need a clear picture of your skills and abilities to make the mission team as effective as possible. This will help in making team assignments.

Category	Skill Level			Explanation
	Fair	Good	Great	
<b>Work with children and youth</b> , including recreational skills, storytelling, art, singing, crafts.				
<b>Building/carpentry skills</b>				
<b>Medical Services</b> , including doctors, nurses, first aid, CPR (please explain)				
<b>Musical talent</b> , including singing, musical instruments (please explain)				
<b>Preaching</b> or giving a prepared talk/devotional				
<b>Photography</b> (please explain)				
<b>Other</b> (please explain)				

### **III. Agreement**

We will be guests in the country we'll be serving. We need to accommodate cultural expectations and represent our country in a way that helps build bridges. To that end, we have established the following agreement to be signed by all team members.

Team members agree to:

- Be flexible!
- Be respectful of the local culture, and each other.
- Cooperate at all times with the team leaders concerning our life together, including daily assignments, food, lodging, transportation, and itinerary.
- Stay with the team from beginning to end.
- **Abstain from the use of alcohol and tobacco while on the working portion of this trip. This means beer, wine, liquor, cigarettes, cigars, etc.** See below for details on why this is important. The "working portion" of the trip starts upon arrival at the airport in Guatemala City, and ends upon arrival in Antigua.
- Respect the local standards of modesty regarding personal attire. I understand that this means not wearing shorts, going sleeveless, or wearing clothes that expose undergarments during the working portion of this trip.
- Respect the dignity of the local population by not giving away candy, money, clothes, etc., except as permitted by team leaders.
- Abstain from forward behavior and/or romantic involvement with the local people we work with, and not to encourage such advances from others. Pura Vida may have to discontinue hiring of locals who become too aggressive with our teams.

**I understand and agree to conduct myself in a manner consistent with the above statement.**

\_\_\_\_\_  
*Applicant name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

#### **Clarification on Alcohol Policy:**

Alcoholism is a huge problem in rural Guatemala. In the areas we'll be working there is no such thing as "casual drinking". For the most part, locals either drink to excess (i.e., to the point where they are passed out in the road) or not at all. So even if we are sufficiently disciplined to have a glass of wine after work, the message we're sending to the local population can easily be misconstrued. We will often invite rural families, pastors and scholarship children to dinner with the group. Team members seen drinking will at best offend them, and at worst give them new ideas on the acceptability of alcohol. It is our responsibility while in Guatemala is to do no harm; we are really there to help. Enlightening the local population on responsible alcohol use is not part of our agenda.

***If you think you will have a problem complying with this policy, please contact the trip leader BEFORE submitting this application.***

**IV. Emergency Contact Information**

**1. In case of emergency, contact the following:**

<b>Name</b>	<b>Relationship</b>
<b>Address</b>	<b>City / State / Postal Code</b>
<b>Home phone</b>	<b>Work Phone</b>

**2. If unable to contact the above, contact the following:**

<b>Name</b>	<b>Relationship</b>
<b>Address</b>	<b>City / State / Postal Code</b>
<b>Home phone</b>	<b>Work Phone</b>

**3. Other information you wish to add if an emergency arises:**



## **V. Liability Release**

The undersigned releases and agrees to hold harmless Pura Vida Ministries, the General Board of Global Ministries of The United Methodist Church, the Volunteers In Mission Board of the Jurisdiction of The United Methodist Church, the Conference United Methodist Church Volunteers In Mission, the Annual Conference of The United Methodist Church, and any related agency, conference, district, local church, member, volunteer, employee, or agent, from any liability, injury, damages, loss, accidents, delay, or irregularity related to the undersigned individual's planned participation or involvement in the following project:

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### **Guatemala Dental Mission – April/May 2010**

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The undersigned has been advised and understands that the project may involve unusual risks to participants. Those risks may involve, among others, the following:

Accidents related to construction or other work; dangers resulting from disease including hepatitis, cholera, dysentery, malaria and other diseases; from unsanitary health conditions in camps and villages; from hazardous conditions and drivers on roadways; from civil insurrection or warfare; from terrorist, guerrilla, or criminal activities; from post-warfare hazards such as landmines; from geographic features such as high altitude, which may have a deleterious effect on persons with heart conditions or respiratory diseases; from extreme heat and humidity with no air conditioning available, or from extreme cold with no central heating; from inadequate road conditions and unsafe driving practices common in Third World countries. The foregoing is not an exhaustive list of dangers that may arise but is illustrative of some types of dangers that may be faced.

This release covers all rights and actions of every kind, nature, and description, which the undersigned ever had, now has, or but for this release, may have. This release binds the undersigned and his or her heirs, representatives, and assignees.

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Participant name

Participant signature

Date



**Rocky Mountain Conference VIM**  
**Guatemala Dental Mission**  
*April 23 - May 2, 2010*

**VI. Passport copy**

Please attach a copy of your passport here.

**VII. Accident Insurance Application**



**Mission Volunteers Office**  
475 Riverside Dr., Suite 1374  
New York, NY 10115  
(212) 870-3825  
<http://gbgm-umc.org/vim>

**UNITED METHODIST VOLUNTEER IN MISSION (UMVIM) ACCIDENT INSURANCE APPLICATION**  
Please print legibly in black or blue ink, and sign the Release of Liability

<b>Title</b>	<b>First Name</b>	<b>M. Initial</b>	<b>Last Name</b>
<b>Birth Date (mm/dd/yyyy)</b>		<b>Local Church Name &amp; City</b>	
<b>Home Address</b>			<b>Phone</b>
			<b>E-mail address</b>
<b>Beneficiary</b>			<b>Relationship to you</b>
<input type="checkbox"/> Estate / My will <input type="checkbox"/> Name:			
<b>Departure Date</b>	<b>Return Date</b>	<b>Destination</b>	
4/23/2010	5/2/2010	Guatemala	
<b>Team Leader</b>	<b>UM organization such as local church sponsoring your VIM project</b>		
Mark Ely	National Evangelical Primitive Methodist Church of Guatemala		

<b>Release of Liability (must be signed)</b>	
I understand that the General Board of Global Ministries of The United Methodist Church assumes no liability for any personal harm or illness, or for loss of or damage to any property, that may come to me while I am serving as a United Methodist Volunteer in Mission, and I, my heirs, personal representatives and assigns, hereby absolve the General Board of Global Ministries of The United Methodist Church and hold it harmless from any claim or demand which I, my heirs, personal representatives or assigns might conceivably assert for any such harm, illness, loss or damage. I intend to be legally bound by this statement.	
<b>Signature</b>	<b>Date (mm/dd/yyyy)</b>
<b>Privacy Rights</b>	
By my signature below, I consent to the recording and use of the personal data I am providing for the Mission Volunteers Database (MVDB), utilized by designated, password-authorized persons in GBGM, UM Committee on Relief (UMCOR), UM Volunteers In Mission (UMVIM), and MV programs. A voluntary service, the MVDB provides information for volunteer recruitment, placement, and communication, as well as insurance and statistical record-keeping. I may obtain a copy of and/or request the deletion of my data by contacting GBGM by signed request. After seven (7) years of no data activity, my personal data may be deleted. I release GBGM and all MVDB-authorized users from all legal responsibility for the use of my personal data unless they have recklessly misused the information. For complete details regarding MVDB policies, please consult <a href="http://gbgm-umc.org/vim/mvdb/policy.htm">http://gbgm-umc.org/vim/mvdb/policy.htm</a> .	
<b>Signature</b>	<b>Date (mm/dd/yyyy)</b>