

APPLICATION PACKET
Sheil Catholic Center Associate--Young Adult Service Immersion Trip
NICARAGUA: SEPTEMBER 9-17, 2017

THANK YOU for your interest in the Sheil Catholic Center first ever Associate-Young Adult Service Immersion Trip to Nicaragua! This trip will be a great opportunity to put your faith into action by serving underprivileged people in Nicaragua. It is also a chance to learn about another culture, to grow in your personal faith journey, to understand and integrate the principles of Catholic Social Teaching, and to share what you have learned with others at Sheil as well as others in our local and global community.

**We invite you to prayerfully consider this opportunity
to help and learn about the people of Nicaragua .**

NICARAGUA TRIP DESCRIPTION

For twelve consecutive years, the Sheil Catholic Center has sponsored a trip to Cusmapa, Nicaragua for our students in collaboration with the Fabretto Children's Foundation. Now, for the first time ever, a week-long mission of service will be offered to the associates and young adults of Sheil. Our primary work includes ongoing construction projects at the Fabretto Center in Cusmapa and participation in the various music and sports programs. Volunteers will also have a chance to visit and learn about local fair trade cooperatives where residents grow coffee, make baskets, and sell jewelry. Evenings are reserved for prayer and reflection, and there is typically a day of sight-seeing at the end of the trip.

Basic Information to know

*Applications are due: **May 1**

*DATES: **September 9-17, 2017**

*Total estimated costs: **\$1275**

*Air travel will be paid and arranged independently by volunteer.

*Arrival date in Managua: no later than **5PM September 9th**

*Leave as group for Cusmapa: early AM on September 10

*\$300 deposit at time of application (made out to Sheil Catholic Center)

*Passport must be valid through March 2018

Contact info with questions:

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peterulrich@jrmassociates.com

kelseychun@gmail.com

chun.ant@gmail.com

The enclosed information packet includes important information about travel dates, application process, costs, and health risks. Please read this entire packet carefully.

Applications will be accepted beginning: Sunday, April 2 through Monday, May 1

General Information: Nicaragua

Sheil Catholic Center Associate--Young Adult Service-Immersion Trip
September 9-17, 2017

WHERE ARE WE GOING?

For twelve consecutive years, the Sheil Catholic Center has sponsored an international service trip for our undergraduate students to San Jose de Cusmapa, Nicaragua where we work in collaboration with La Familia de Padre Fabretto. Cusmapa is a tiny mountain village near the border of Nicaragua and Honduras. It is located in one of the poorest provinces in the second poorest country in the Western Hemisphere.

Fabretto currently serves over 10,000 children between the ages of 5 and 22. They offer hope and opportunity by providing children with the resources they need to become responsible, productive adults. Fabretto supplements the basic school curriculum by offering assistance in the areas of health, nutrition, character formation, scholarships, and specialized job training. Fabretto also offers additional programs for tutoring, computer training, sports, music, and cultural heritage.

You are encouraged to check out the Fabretto website at www.fabretto.org for more information about La Familia Padre Fabretto, its history, and their work with children in Nicaragua.

WHAT WILL WE DO THERE?

Our primary work will include helping with ongoing construction projects at the Fabretto center in Cusmapa. There will be time to play games with the children, assist with and/or participate in the various music and sports programs. We also take some time each day to learn about the local culture and economy. We attend Mass, visit the basket and jewelry cooperatives, and learn about coffee production. Evenings are reserved for prayer and reflection, group social time, and rest.

WHEN ARE WE GOING?

The trip is scheduled for Saturday, September 9 through Sunday, September 17, 2017.

Below is a **tentative schedule**. Participants will receive a finalized itinerary before the actual trip.

September 9 : Travel from Chicago to Managua

(air travel arranged by volunteer to arrive in Managua by late afternoon on September 9)

September 10 Mass in Managua then travel to San Jose de Cusmapa

September 11-15: Work days in Cusmapa-as group assembles, we can decide on sight seeing schedule

September 17: Travel back to Chicago (arranged by volunteer)

HOW MUCH WILL IT COST?

The cost of the trip is approximately \$1,275. Once we are in Nicaragua, transportation, food, and lodging is covered in this total cost. The cost also includes the cost of supplies and volunteer coordinators through Fabretto. There is an international medical insurance policy that we take out on behalf of all the volunteers which as for now will be approximately \$25.00 a person. This is also included in the total cost once we determine what the insurance cost is.

Payment in full is required before we leave. The date will be determined at a later date. A **\$300.00** deposit is due with your application. **Applications and deposits are due by Monday May 1st.**

REQUIRED MEETINGS: Once all the applications are in, we will decide on a meeting schedule prior to the trip so that we can go over logistics and questions prior to departure. All meetings are held at the Sheil Catholic Center. Plan on 3 to 4 meetings.

PASSPORTS

Everyone needs to have a valid passport in order to travel to Nicaragua. We recommend that your passport be valid through **March 2018** (six months past our return date). Instructions on how to obtain a passport are available from the US State Department – <http://travel.state.gov/>

IMMUNIZATIONS – DO I NEED SHOTS?

The Center for Disease Control is an excellent source of information for immunizations. Check out the “Traveler’s Health” section on the CDC website at www.cdc.gov. We strongly suggest that you consult with your physician before making a decision about immunizations. The following immunizations are recommended by the CDC: Hepatitis A, Hepatitis B, Typhoid, Tetanus, and Malaria.

DO I NEED TO KNOW SPANISH?

Some basic knowledge of Spanish language is helpful, but not required. Those with more proficiency may find that their experience is enhanced, yet those with less proficiency will still have a rewarding experience. We encourage you to learn and speak as much Spanish as possible. The people of Nicaragua (especially the kids in Cusmapa) are very patient and supportive of beginners. Fabretto’s volunteer coordinator speaks both Spanish and English and will serve as an interpreter as needed.

LIVING IN SOLIDARITY WITH THE POOR

Everywhere we travel, we ask that you be very conscious of resources and conserve as much water and electricity as possible. We have access to clean drinking water at all times, and encourage you to stay hydrated for your own health and safety! Fabretto has a very comfortable volunteer house in Cusmapa with several large bedrooms and a common living room/kitchen. There are bunk beds with separate rooms for men/women, flush toilets and showers. However, the water supply in Cusmapa is limited (be prepared to take short, cold showers!) and electricity can be sporadic at times. While modern amenities (like access to phone, television, and internet) are available in some locations, we challenge you to live in solidarity with those around us, especially in Cusmapa.

We recognize that everyone will respond differently to witnessing and living among the poor of Nicaragua. You will sometimes be exhausted and feel overwhelmed by the poverty. You may feel helpless or guilty about your American lifestyle. Other times you will feel terrific as you connect and build friendships with the people. Also, plans may quickly change, so you need to be flexible. You may want to keep a journal, and we encourage your full participation in the evening reflection sessions.

WHAT ELSE CAN I EXPECT?

Here are some general expectations and guidelines for our time together:

- Be prepared to work hard, share in cooking and cleaning, be a contributing member of the team, seek the best for all team members, and take responsibility for the success of the experience.
- Respect the customs and culture of Nicaragua, learning from the differences and the similarities. Be open to learning about yourself and others, and willingly share yourself with the group through daily prayer and reflection.
- Finally – be willing to laugh, love others and have FUN! And be prepared to be surprised.

Thoughts to consider and reflect upon as you contemplate this trip:

1. Why are you interested in an international service-immersion experience at this point in your life?
2. What is your understanding of mission?
3. What do you hope to learn from this experience?
4. What strengths do you bring to the group?
5. What other expectations do you have?

IN CASE OF AN EMERGENCY

There are no guarantees in international travel, but as you know, there are no guarantees in travel anywhere. Please know that safety is our top priority, and there are a number of security measures that we take each year in anticipation of our trip. In all of our trips to Nicaragua, we have never had any issues with security, and we've never had any reason to feel unsafe. However, to ensure a safe and successful trip for everyone involved, there are a number of precautions that we take in advance.

We are careful about what we eat and how it is prepared, we have access to clean drinking water at all times, and we encourage the use of anti-bacterial hand gel. This being said, we've had at least one or two instances of traveler's diarrhea each year. Other than the occasional blister, bug bites, and a sprained ankle, no one has ever incurred a serious injury.

If there is an emergency and someone at home needs to get in contact with someone from our group, the best place to call first is the Sheil Center. Teresa Corcoran, our business manager, knows where we are at all times, and she knows the best way to reach us each day. All details and other contact information will be included in the itinerary.

We require all students to register with International SOS through Northwestern University. International SOS is a travel assistance group that can assist us in the event of an emergency with everything from a lost passport, a medical emergency, or evacuation due to natural disaster. Northwestern pays for this service, and it is available to us free of charge.

We will enroll in an International Health Insurance through Highway to Health Worldwide. It covers hospitalization in the event of an accident or injury. It includes a medical evacuation provision, in case someone needs to be transported back to the USA, as well as repatriation of remains in the event of death. We have never had to use this, but it gives us peace of mind if an accident does occur.

Finally, as a precaution, Fabretto strongly encourages us to register with the US Embassy in Nicaragua. The trip leaders will register the entire group before we depart.

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APPLICATION FORM
Sheil Catholic Center Service Trip to Nicaragua
Associate--Young Adult
September 9 – 17, 2017

Please complete the enclosed application, along with \$300 deposit, and return to:
Cindy Ulrich at Sheil Catholic Center, 2110 Sheridan Road, Evanston IL 60201

Your application will not be reviewed unless the necessary forms are completely filled out and your deposit is received. Please check that you submit all of the following items:

- Completed and Signed Application Form
- Release of Claim and Emergency Authorization Forms
- \$300 deposit – checks payable to “Sheil Catholic Center”
- A photocopy of your passport*

*If you do not have a current passport, a copy must be submitted prior to the trip.

APPLICATIONS WILL BE ACCEPTED BEGINNING: Sunday April 2
through the FINAL DEADLINE: Monday, May 1 at 5:00 p.m.

NAME: _____

(Please print your full name as it appears on your **passport**.)

ADDRESS: _____

CELL PHONE: _____ **DATE OF BIRTH:** _____

EMAIL: _____

PASSPORT: Please attach a photocopy of your passport to this application!

Country: _____ **Number:** _____ **Exp. Date:** _____

1. Are you a(n) (circle one):

Associate

Young Adult

Grad Student

2. Spanish Language (not a prerequisite) - Circle one:

None

Poor

Adequate

Fluent

3. By checking here, I understand that I am responsible for the airfare to and from Nicaragua and will arrive in timely manner for our group to be transported by Fabretto to Cusmapa.

My signature below confirms that I have read the entire application packet, and I agree to the requirements set forth by the Sheil Catholic Center.

Signature

Date

RELEASE OF CLAIM and EMERGENCY AUTHORIZATION FORM
SHEIL CATHOLIC CENTER – NICARAGUA SERVICE TRIP
September 9-17, 2017

Please read this form carefully.

Agreement Regarding Liability:

I agree to assume any and all risk of bodily injury, death, or property damage arising out of, or caused by my presence and participation in this service trip.

I agree to waive and relinquish all claims that I may have against Sheil Catholic Center, the Archdiocese of Chicago, La Familia Padre Fabretto, Fabretto Children's Foundation, Northwestern University, their officers, agents, servants, employees, drivers, and volunteers relating to Sheil Catholic Center.

I hereby fully release and discharge Sheil Catholic Center, the Archdiocese of Chicago, La Familia Padre Fabretto, Fabretto Children's Foundation, Northwestern University, their officers, agents, servants, employees, drivers, and volunteers relating to Sheil Catholic Center from any and all claims from injuries, including death, damage or loss, that I, my heirs and/or legal representatives may have or which may accrue to me on account of my activities.

I further agree to indemnify and hold harmless and defend Sheil Catholic Center, the Archdiocese of Chicago, La Familia Padre Fabretto, Fabretto Children's Foundation, Northwestern University, their officers, agents, servants, employees, drivers, and volunteers relating to Sheil Catholic Center from any and all claims resulting from injuries including death, damages and losses sustain by me, or sustained by others and caused by me, and arising out of, connected with, or in any way associated with my activities on their property. This Agreement also pertains to the individuals who help me.

Emergency Treatment Authorization & Insurance Information

I hereby authorize permission for the administration of first aid to myself by the people in charge of the program and those transporting me to and from the program as their judgment deems advisable, and to make the necessary referrals to qualified physicians for treatment of illness or accidents of a more serious nature.

I hereby authorize the treatment by a qualified and licensed doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger my life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach the Emergency Contact listed on the opposite side of this form. I agree to provide medical insurance and pay all costs and expenses incurred in connection with such medical and dental services rendered to me.

Signature

I have carefully read and fully understand this *Release of Claim and Emergency Authorization Form* and I sign it of my own free will.

Participant's Name (please print): _____

Participant's Signature: _____ Date: _____

MEDICAL INFORMATION

Participant's Name (please print): _____

Address: _____

Phone Number: _____

Date of Birth: _____

Emergency Contact Information:

Name: _____ Alternate Name: _____

Phone Number: _____ Phone Number: _____

Email: _____ Email Address: _____

Name of Physician: _____

Physician Phone Number: _____

Health Insurance Company: _____

Health Insurance Policy Number: _____

Health Insurance Phone Number: _____

Specific Medical Allergies: _____

Dietary Restrictions: _____

Chronic Illness or Conditions: _____

Other: _____

Participant's Signature: _____ Date: _____



Medical Release Form for Volunteers & Visitors

Volunteer's Name	Full	
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Citizenship		Passport #	
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Emergency Contact Information

Emergency Contact (1)		Relationship	
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Phone Number(s)	<i>Home</i> <i>Office</i> <i>Cellular</i>	Other Contact Information (fax, email, etc.)	
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Emergency Contact (2)		Relationship	
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Phone Number(s)	<i>Home</i> <i>Office</i> <i>Cellular</i>	Other Contact Information (fax, email, etc.)	
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Medical History

Have you ever, or do you currently have any of the following conditions?

Please Specify:

<input type="checkbox"/> Asthma	_____
<input type="checkbox"/> Exercise induced asthma	_____
<input type="checkbox"/> Diabetes	_____
<input type="checkbox"/> Seizure disorder	_____
<input type="checkbox"/> Heart disease	_____
<input type="checkbox"/> Kidney problems	_____
<input type="checkbox"/> Liver problems	_____
<input type="checkbox"/> Tuberculosis	_____
<input type="checkbox"/> Migraine headaches	_____
<input type="checkbox"/> Digestive problems	_____
<input type="checkbox"/> Depression	_____
<input type="checkbox"/> Hypoglycemia	_____
<input type="checkbox"/> Panic attacks	_____
<input type="checkbox"/> Physical disabilities	_____
<input type="checkbox"/> Eating disorders	_____
<input type="checkbox"/> Surgeries	_____
<input type="checkbox"/> Hospitalizations	_____
<input type="checkbox"/> Other	_____



Check or list all allergies you have:		Are you allergic to any medication?	
	Bees		Sulfas
	Dogs/cats		Penicillin
	Hayfever/grasses/pollen		Other (specify) _____
	Smoke		
	Other _____		Do you currently smoke?

Primary Care Physician		Medical Insurance	
Name:		Company Name:	
Address:		Policy Number:	
Phone:			
Fax:			

List any prescription medications you are currently taking, and the conditions for which the medication has been prescribed:

List any special directions to be followed in case of an emergency:

I have provided the information above in connection with my application to volunteer for, or visit, the Fabretto Children’s Foundation/Asociación Familia Padre Fabretto (CFC/AFPF) programs and projects in Nicaragua. In signing this form below, I authorize CFC/AFPF and any of their agents or employees to take any and all actions that they may deem necessary or appropriate, at my expense, in order to treat and respond to any accident, illness, injury or other medical emergency that I may experience during my volunteer participation. I understand that such treatment and response may include transporting me, at my expense, to a location appropriate for medical treatment. I understand that in the event of an accident, illness, injury or other medical emergency CFC/AFPF shall use its best efforts to promptly inform the person(s) I have listed on this form, but I agree that CFC/AFPF shall not have any liability for failure to notify such person(s).

I _____, certify that I have personally completed this form. The information contained here is complete, and I have not withheld any medical or mental health information. If any aspect of my health profile changes between submitting this form and my departure, I will notify FCF/AFPF in writing. By signing this form, I release, acquit, discharge and covenant to hold harmless FCF/AFPF and its representatives from all actions, damages or liabilities arising from the treatment of any illness, injury, or medical emergency incurred by my volunteer participation. It is the intention of this release the CFC/AFPF and its representatives incur no liability whatsoever while attempting to meet all medical needs that I may require during my participation.

Volunteer Signature:		Date:	
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