



# Student Application Service Trip to the Dominican Republic: 2019

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

School/organization: \_\_\_\_\_

Date of application: \_\_\_\_\_

Dates of trip desired: \_\_\_\_\_

Please  
staple  
TWO  
colour  
passport-size  
photos  
here.



Note: It is in the best interests of the leaders, you yourself, and the group that we have a detailed personal profile of YOU on file. Please use a pen and write legibly or work online, print a hard copy, and staple those pages in place. Complete all parts to the best of your ability and attach all the required documents. Contact your group leader or Judy Warrington (judy@goseedo.ca) if you have any questions or concerns. Pass on the reference form to a mentor who will fax it to Judy directly. Submit the completed application form to your group leader. Judy will shortly thereafter confirm the status of your application and the group.

- Part 1 – Personal Data
- Part 2 – Personal Resume
- Part 3 – Personal Interests
- Part 4 - Medical, Physical, Lifestyle Information
- Part 5 – Student Commitment
- Part 6 – Parental Consent Form
- Part 7 – Power of Attorney
- Part 8 – Reference Form
- Part 9 – Check-list of all documents required to be attached to this kit

**Part 1 - Personal Data**

First/Given name	Family/legal name	Want to be called	Gender (M/F)
School	Grade	Mentor / Advisor	
Home address	City / Province/Country		
Postal code	Home telephone	Cell telephone	Available fax
Personal e-mail address	School e-mail address		
Age	Date of birth (mo/day/yr)	City of birth/Province/Country	Religious Affiliation
Passport: country	Name as it appears on passport		
Date of issue	Place of issue	Passport Number (please attach a photocopy)	
Living with ___ mother	___ father	___ both	Attending school as ___ a boarder ___ a day student
Father's name	Mother's name		
Address (if different from above)	Address (if different from above)		
Occupation	Business telephone	Occupation	Business telephone
Company	Company		
Home telephone	Cell telephone	Home telephone	Cell telephone
E-mail address	Fax	E-mail address	Fax
Names and ages of your siblings (Circle any who are Go. See. Do past participants )			
Are you currently registered with the Duke of Edinburgh program? ___ no ___ yes, currently in the _____ level,			
If yes, what qualification are you seeking from this trip? _____			
<b>T-shirt size</b> ___ x-small ___ small ___ medium ___ large ___ x-large ___ xxl			

## Insurances

**Details of out-of-country medical insurance:** \*Parents: If you do not have a personal policy that covers your son/daughter out-of-country, you will need to purchase an insurance package from Halton Trafalgar Travel agency at the time of booking airfare , in which case, the following info will then be inserted by the agency.

company \_\_\_\_\_ policy # \_\_\_\_\_

\_\_\_\_\_

contact name \_\_\_\_\_ phone \_\_\_\_\_

Should medical help during the trip be necessary, does this insuring company need to be contacted prior to treatment being given?

no \_\_\_\_\_ yes \_\_\_\_\_

info \_\_\_\_\_

\_\_\_\_\_

### **Trip Interruption and Cancellation Insurance:**

Information about optional additional insurances will be provided at the first fall parent-student-staff information meeting. Because of the general uncertainties surrounding travel to developing countries , we recommend the purchase of trip interruption and cancellation (due to illness or family emergency) insurance as an additional protection.

You will be refunded the initial \$500 deposit only if insufficient numbers or a government advisory cause the trip to be cancelled. Once the trip is fully booked, the balance of the trip fee is non-refundable.

### **Emergency contacts for the duration of this project:**

Name	home phone #	work phone #	cell phone #
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1) _____	_____	_____	_____
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2) _____	_____	_____	_____
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### **Additional Information**

Additional comments:

\_\_\_\_\_

\_\_\_\_\_

Questions, concerns:

\_\_\_\_\_

\_\_\_\_\_

**Part 2 - Personal Resume** (Please be descriptive. Use a second sheet if necessary)

List the languages you know and indicate your level of fluency:

(1 = poor, 2= marginal, 3=short sentences, 4=fluent )

1<sup>st</sup> language \_\_\_\_\_ fluency = \_\_\_\_\_

2nd language \_\_\_\_\_ fluency = \_\_\_\_\_

3rd language \_\_\_\_\_ fluency = \_\_\_\_\_

Education experience: (school academic interests, strengths, recognition awards, leadership experience)

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Sporting interests:

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Work experience (if any):

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Travel experience:

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Camp experience /experience with outdoor ed., environmental or recreational programs:

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Community service experience / volunteer work

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Experience with young children:

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Hobbies, clubs, other activities, outside interests, unique skills

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What are your future plans and ambitions concerning your education and future career? Why?

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What will you give to this project? List what you feel are your strong characteristics.

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Explain what you think will be your greatest challenges during this trip because of what you feel are your weak characteristics.

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Why are you applying for this program?

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### Part 3:

## INTEREST PROFILE

Indicate with a check mark where your talents and interests lie. See this project as an opportunity for you to give - don't underestimate what you can contribute as you work through this

interest/skill	I could be a group leader of this	I can do	I don't know much about it, but am willing to help, learn or participate	sorry - really not my thing
<b><u>Recreational</u></b>				
soccer				
football				
basketball				
baseball/softball				
frisbee				
running/walking				
fishing				
volleyball				
horse shoes				
kite flying				
Children's parachute activities				
skipping rope				
active circle games				
quiet circle games				
swimming				
snorkeling				
marble games				
board games				
cards				
dancing				
aerobics				
other _____				

<b><u>Educational</u></b>				
arts and crafts				
music - singing				
music - instrumental				
theatre arts				
puppetry				
reading stories				
telling stories				
teaching basic English				
working in Spanish				
working in French				
working with young children				
working with teenagers				
art				
designing/painting murals				
Bible stories/lessons				
other _____				
other _____				

<b><u>Technical/Trades</u></b>				
gardening				
painting				
carpentry				



interest/skill	I could be a group leader of this	I can do	I don't know much about it, but I am willing to help, learn or participate.	sorry – really not my thing!
machine sewing				
hand sewing				
cooking				
baking				
first aid				
CPR				
other _____				
other _____				

**Rate your interest in the following activities on a scale of 1 to 5 (1 = no interest, 5 = high interest)**

	5	4	3	2	1
Being a group leader					
hiking					
swimming					
snorkeling					
taking a boat cruise					
being the trip photographer					
being the trip journalist					
playing sports with local teams					
attending church					
Morning or evening reflection discussions					
Learning about local history					
visiting museums					
shopping					
playing card or domino games					
learning Spanish					
Visiting local hospitals or clinics					
Viewing relevant videos and films					
Visiting local factories					
Visiting local or organic farms					
Visiting an amber, larimar jewelry specialist					
Meeting public officials					
Latin dancing					
Other _					

**Part 4 - Physical Conditions and Symptoms (confidential information)**

Do you have, or have you had, any of the following symptoms:

	Y	N		Y	N		Y	N
High blood pressure			Motion sickness			Shoulder problem		
Heart disease			Circulation problems			Knee problem		
Heart murmur			Active bedwetting			Ankle problem		
Irregular heartbeat			Stomach ulcers			Leg problem		
Tuberculosis			Intestinal problems			Foot problem		
Recent exposure to TB			Jaundice			Learning disability		
History of TB			Heatstroke			Heart palpitations		
Positive TB test			Bladder infection			Heartburn		
Active hepatitis			Difficulty urinating			Frequent dizziness		
History of hepatitis			Kidney problems			Frequent fainting		
Seizure disorder			Thyroid problems			Frequent shortness of breath		
Seizure within the past year			Head injury with neurological impairment			Medical equipment devices		
Bleeding disorder/anemia			Endocrine problems			Chest pain/pressure at rest		
Blood disorder/anemia			Hearing impairment			Muscle cramps		
Asthma			Vision impairment			Unexplained sweating		
Hypoglycemia			Frequent headaches			Intolerance to warm temperatures		
Anorexia nervosa			Sleep walking			Intolerance to cold temperatures		
Bulimia			Broken bones			PMS or menstrual problems		
Cancer			Neck problems			Special diet		
Skin problem			Back problems			Diabetes		
Frostbite			Arm problem			Anxiety attacks		

Comments re above "YES" responses or additional conditions or symptoms to be noted:

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Allergy	Date + Last Reaction Noted	Treatment Required
1.		
2.		
3.		

**Personal History**

- Date of last tetanus \_\_\_\_\_ 2. Blood type if known \_\_\_\_\_
- Have you been in counseling with a psychiatrist, psychologist, or other counselor within the past two years? Yes \_\_\_\_\_ No \_\_\_\_\_
- Are you currently in counseling / treatment? Yes \_\_\_\_\_ No \_\_\_\_\_
- Reason for counseling?  
 Academic \_\_\_\_\_ Family issues \_\_\_\_\_ Depression \_\_\_\_\_ Substance abuse \_\_\_\_\_  
 Other \_\_\_\_\_

## Lifestyle (Reminder: It is in your best interest and that of the group that you reply perfectly honestly here)

1. Do you drink alcohol? yes \_\_\_\_\_ no \_\_\_\_\_

If yes, how much and how often? \_\_\_\_\_

2. Do you smoke? yes \_\_\_\_\_ no \_\_\_\_\_

If yes, how much and how often? \_\_\_\_\_

3 Have you ever used drugs? yes \_\_\_\_\_ no \_\_\_\_\_

drugs \_\_\_\_\_

last used \_\_\_\_\_

4. Do you currently have a substance abuse or chemical dependency problem (drugs, alcohol, etc.)? yes \_\_\_\_\_ no \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

5. Do you have special dietary needs? yes \_\_\_\_\_ no \_\_\_\_\_ Are you vegetarian? yes \_\_\_\_\_ no \_\_\_\_\_

Do you eat fish? yes \_\_\_\_\_ no \_\_\_\_\_ chicken? yes \_\_\_\_\_ no \_\_\_\_\_ eggs? yes \_\_\_\_\_ no \_\_\_\_\_

Do you eat red meat? yes \_\_\_\_\_ no \_\_\_\_\_ pork? yes \_\_\_\_\_ no \_\_\_\_\_ dairy products? yes \_\_\_\_\_ no \_\_\_\_\_

Anything else the leaders should know about your dietary preferences? \_\_\_\_\_

## Physical Activity

1. List your current exercise activity:

Activity	Frequency	Time/Distance	Moderately/Intensely

2. Swimming Ability:

non-swimmer \_\_\_\_\_ cannot swim more than 100 yards \_\_\_\_\_

strong swimmer \_\_\_\_\_ could perform lifeguard duties yes \_\_\_\_\_ no \_\_\_\_\_

qualifications in swimming: \_\_\_\_\_ lifesaving \_\_\_\_\_

first aid: \_\_\_\_\_ CPR \_\_\_\_\_

additional certifications: \_\_\_\_\_

## Part 5 – Student Commitment

As a student representing my family/school/organization, and as a representative of other students who may wish to do this project in the future, I, \_\_\_\_\_ am applying to participate in this service project, in full agreement to the following contract:

- a) I will do my personal best to make a significant impact and leave an excellent impression on all those I come in contact with throughout this project.
- b) I will be a positive role model for the children I come in contact with and I pledge to maximize the amount of quality time I spend with children.
- c) I will do my personal best socially, to be as flexible and accommodating as possible, while at the same time upholding those values my family and school/organization have instilled in me. I will abide by the code of behavior outlined for this trip, and I will refrain from causing embarrassment to my family, my school/organization, the leaders or other students of this trip.
- d) I will involve myself to the best of my ability in all the activities planned during this project.
- e) I will familiarize myself with the safety and security measures report
- f) I understand and accept that I will be assigned to one designated staff person to whom I will be particularly responsible and who in turn accepts responsibility for me.
- g) I pledge to obey all the following trip rules :
  - no smoking,
  - no drinking of alcoholic beverages,
  - no drugs
  - no swearing,
  - no romantic displays of affection or sexual relationships,
  - no boys in girls' rooms, no girls in boys' rooms
  - no driving of a motorized vehicle,
  - no unauthorized or solitary excursions off the worksites or accommodation centres at any time,
  - no gifts or other items are to be given directly to children unless as part of a group pre-arranged activity ( The distribution of donation items will be discussed and organized.)
  - no pesos are to be given directly to children
  - week nights, quiet time at 10:00 pm , lights out at 11:00 pm,
  - week mornings, wake-up call may be as early as 6:30 am
- h) I understand that if I don't abide by the above rules, I may be asked to leave the project and to pay for my own transportation home and any additional expenses incurred, and that project fees would not be refunded in such a situation.
- i) I will keep a journal of thoughts and observations while away, and upon return, will do a presentation to my supporters. Before leaving the Dominican Republic, I will submit a summary report about my experience, and consent to its being shared with others, along with any photos I may be in, as long as I am not identified by name.

Date: \_\_\_\_\_ Signatures: \_\_\_\_\_  
(student)

\_\_\_\_\_  
(parent)

\_\_\_\_\_  
(Head of school/organization)

## Part 6 – Parental Consent Form

As parents of \_\_\_\_\_ who is applying to participate in a service project to the Dominican Republic from \_\_\_\_\_ to \_\_\_\_\_, 20\_\_, we agree to the following:

- a) to support this application of our son/daughter, believing that he/she is a strong, healthy individual able to cope with the conditions of a developing country, the climate, and the rigours of this adventure
- b) to support this application, understanding that although our child is traveling in a group, he/she is traveling under the responsibility and liability of his/ her home school/organization chaperone or a designated, agreed-to, chaperone.
- c) to accept that Mrs. Warrington will seek reference support from my child's school and/or teachers, that submission of this application does not guarantee participation, and that final acceptance of our son/daughter into this project will be made by her as the group's overall leader
- d) to permit my son/daughter to participate fully in all physical activity during this project
- e) that the information provided in this application package is a complete and accurate statement of the physical, emotional and psychological factors which may affect his/her participation in the program about to be undertaken. We realize that the failure to disclose such information could result in serious harm to himself/herself and fellow students and agree to indemnify and hold the trip leader and home school harmless if all relevant information is not disclosed.
- f) to notify the trip leader should there be any change in the health status of our child prior to beginning the project.
- g) to support this application, knowing that our child will be exposed to above normal risks and that although all precautions will be taken, we understand it is impossible to guarantee absolute safety.
- h) to inform the trip leader of any special travel arrangements and to accept all additional travel costs for such.
- i) to provide complete payment of trip costs via 3 cheques herewith attached: a deposit of \$500 and the balance in two post-dated cheques, each for half the balance, the total being non-refundable once airlines and accommodation are booked. Such fee is understood to cover return airfare to/from Puerto Plata, accommodation in the DR, busing, bottled water, meals, trip excursions, entry and departure taxes, 3 trip t-shirts, total trip before-during-after services.
- j) to pledge that my son/daughter will raise himself/herself additional funds to donate to the "bricks and mortar" of the project and programs run by partnering organizations, holding as a minimum goal \$500, such donation due to The Rotary Club of Oakville before departure, and such funds to be tax-receipted.
- k) to assume responsibility for all incidental expenses incurred by my son/daughter en route and while in the Dominican Republic, including any medical costs if incurred
- l) to accept full responsibility and expenses involved for a consultation with a local travel doctor, and subsequently any immunization, vaccinations or medications that may be advisable
- m) to permit my son/daughter to visit with local families in the areas we'll be working in, approved by accompanying staff., the local Rotary Club or local school teachers
- n) to assume responsibility for all expenses incurred if the immediate return of my son/daughter is deemed necessary in the event of misconduct or breach of rules
- o) to allow pictures of my son/daughter and written shared reflections to be included (without identification) in follow-up publications

### Parent Signatures

Date: \_\_\_\_\_

\_\_\_\_\_  
(mother or guardian)

\_\_\_\_\_  
(father or guardian)

**Part 7 – Release and Power of Attorney**

**Re: Service Project to the Dominican Republic,  
stewarded by the Rotary Club of Oakville, led by Judy Warrington**

**from \_\_\_\_\_ to \_\_\_\_\_, 20\_\_\_\_**

Know all men by these presents that I \_\_\_\_\_ (full name) of the City of \_\_\_\_\_, in the Province of \_\_\_\_\_, the father/mother of \_\_\_\_\_ (child’s name), have irrevocably appointed and constituted my child’s group leader, \_\_\_\_\_, as my attorney, for me and in my name, to consent to any medical or surgical treatment which may be required for my said child \_\_\_\_\_ (full name) in the opinion of a qualified medical practitioner.

I hereby covenant and agree to allow, ratify and confirm whatsoever my attorney shall cause to be done in the premises by virtue of these presents.

I declare that these presents shall be irrevocable for the duration of the trip from the date of departure to the date of arrival back.

I acknowledge, understand and agree that there are certain risks associated with the participation in the program. I have reviewed the Safety and Security Measures Memorandum and have explained to my child the importance and necessity for the strict compliance of its terms during this trip.

I hereby release and agree to indemnify Egan Travel Ltd., trading as Halton Trafalgar Travel, Mrs. Judy Warrington, The Rotary Club of Oakville and expressly my attorney, my child’s school or sponsoring organization, its Head, all teachers, all staff, “Releasees”, from any and all claims which I have or may have arising directly or indirectly from the performance of any act authorized herein, provided it was carried out in good faith.

I have understood and agreed to the terms of this Power of Attorney as though I had received legal advice (to which I acknowledge I had an opportunity to obtain prior to the execution of the Power of Attorney).

In witness whereof I have signed these presents at the City of \_\_\_\_\_ in the Province of \_\_\_\_\_, on the \_\_\_\_\_ day of the month of \_\_\_\_\_, year \_\_\_\_\_.

\_\_\_\_\_  
(Signature of mother or guardian).

**IN THE PRESENCE OF:** \_\_\_\_\_  
(Signature of Witness)

\_\_\_\_\_  
(Signature of father or guardian).

**IN THE PRESENCE OF:** \_\_\_\_\_  
(Signature of Witness)



## Part 8: REFERENCE SUPPORT (to be confidentially completed)

**Note to student:** Complete the following top section only. Then visit your personal mentor or advisor, share your completed application package, talk about your plans, and leave this form with him/her.

STUDENT \_\_\_\_\_ MENTOR \_\_\_\_\_ SCHOOL \_\_\_\_\_

**Note to staff advisor or mentor:** The student above is applying to participate in an intensive hands-on service project. Your information concerning the student is a most valuable way of ensuring that decisions are made in the best interests of this student and the group he/she will be a part of. **Please complete the following in confidence and Return to Todd Ross**

Please rate the student on the following:

	Outstanding	Good	Average		
Ability to mix well with peers	5	4	3	2	1
Ability to mix well with adults	5	4	3	2	1
Personal maturity	5	4	3	2	1
Ability to work as a member of a group or team	5	4	3	2	1
Ability to accept direction	5	4	3	2	1
Self-discipline	5	4	3	2	1
Leadership skills	5	4	3	2	1
Flexibility, adaptability	5	4	3	2	1

How many years have you known this student, and in what capacity? \_\_\_\_\_

Do you support this student's application: (please use the back of this form if necessary. Please explain your ratings above and share anything that will assist the leaders to better understand this applicant and to program appropriately for him/her.)

\_\_\_\_\_ fully with the following additional comments: \_\_\_\_\_

OR \_\_\_\_\_ with the following reservations/concerns: \_\_\_\_\_

Signature of mentor \_\_\_\_\_ Date \_\_\_\_\_

**Part 9:**

- Attachment checklist :
1. \_\_\_\_\_ 3 passport-sized colour photos
  2. \_\_\_\_\_ photocopy of the main page of your passport
  3. \_\_\_\_\_ photocopy of your out-of-country medical insurance card or policy

Muchas gracias !!! See you at the parent-student-staff information meeting soon!