



INTERNATIONAL SERVICE LEARNING, LLC

2009 TEAM APPLICATION

A \$65 non-refundable application fee is due with this application and is not included in the trip costs

TRIP INFORMATION

TRIP DATES	COUNTRY(S)	COST
HOW DID YOU HEAR ABOUT THIS PROGRAM (GIVE NAME)		ISL REPRESENTATIVE

PROGRAM CHOICE

HEALTH TEAMS	EDUCATION TEAMS	SERVICE TEAMS
<input type="checkbox"/> Medical	<input type="checkbox"/> General Education	<input type="checkbox"/> Field Biology
<input type="checkbox"/> Dental	<input type="checkbox"/> Recreational Education	<input type="checkbox"/> Construction
<input type="checkbox"/> Nursing	<input type="checkbox"/> Special Education	<input type="checkbox"/> Computer
<input type="checkbox"/> Pharmacy		
<input type="checkbox"/> Public Health		
<input type="checkbox"/> Optometry		
<input type="checkbox"/> Veterinary		
<input type="checkbox"/> Physical Therapy		

The type of team you chose should correspond with the country/dates you apply for as listed on the team schedule on the ISL website.

CURRENT ADDRESS INFORMATION

MR. MS. Print your name as shown on your passport (PLEASE PRINT CAREFULLY AND LEGIBLY!)

LAST NAME

FIRST NAME MIDDLE

CURRENT ADDRESS

CITY STATE ZIP CODE

CELL PHONE PHONE AT SCHOOL/DORM ROOM

EMAIL ADDRESS

EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACT (NAME) EMAIL

RELATIONSHIP HOME PHONE WORK PHONE

PASSPORT INFORMATION (Passport must be valid for 7 months after trip return date)

PASSPORT NUMBER

DATE OF ISSUE EXP. DATE

OFFICE USE ONLY		App Fee		Total Cost		
Date	Processing Information		Date	Received	Balance Due	Check Number
	Passport/Exp. Date	Deposit				
	App & Part. Agreement	85% Spons.				
	Sponsorship check & Sent to GSM					
	Student Financial Chart	Late Fee				
	Student Info Chart & Border List	Final Pay				
	New Team Member Letter	Bal. Due				
	E-mail Faculty/Staff Agreement		Faculty/Staff Agreement Received			

TRIP CANCELLATION & MEDICAL INSURANCE (Trip cancellation insurance may be purchased after joining a team)

TRAVEL CANCELLATION INSURANCE CO.	POLICY/GROUP NUMBER
MEDICAL INSURANCE CO.	POLICY/GROUP NUMBER

TRIP CANCELLATION WAIVER (If you choose not to purchase trip cancellation insurance, fill out this section)

I voluntarily choose not to purchase Trip Cancellation Insurance and understand I am not eligible to receive a refund from ISL after 50 days prior to departure.

(IF WAIVING) SIGNATURE OF PARTICIPANT	DATE
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PERSONAL INFORMATION

SCHOOL		
MAJOR		<input type="checkbox"/> GRAD <input type="checkbox"/> UNDERGRAD
AGE	DATE OF BIRTH (MM/DD/YY)	RELIGION (OPTIONAL)
MEDICATIONS CURRENTLY TAKEN		
MEDICAL AND DIETARY LIMITATIONS AND ALLERGIES		
LANGUAGES SPOKEN AND WRITTEN		

ACADEMIC CREDIT

DO YOU DESIRE THIS EXPERIENCE TO RESULT IN ACADEMIC CREDIT? YES NO

WHAT TO DO NEXT

- Return application with the "**STUDENT PARTICIPATION AGREEMENT**" attached. You will need to include the **NON-REFUNDABLE \$65 application fee** and a **\$500 deposit** (refundable up to 50 days prior to departure) to confirm your reservation.
- Any changes to trip dates or addition of extensions must be made **50 days** prior to departure or there is a **\$50** change fee.
- Mail the application to "**International Service Learning**", **2209 Elma St., Kansas City, MO 64124**, unless instructed otherwise by your school or team representative. **All costs are in U.S.dollars. All checks must be written on United States or Canadian banks. Canadian checks and money orders must be in U.S. dollars.**
- The deadline for the receipt of the balance of your trip payment is **20 days** prior to departure and is non-refundable. **Late final payments must include a \$50 late fee and must be a cashier's check or money order in U.S. dollars.**
- **There is a \$25 fee for all returned checks.**
- To insure **refundability** of your trip payments it is mandatory to purchase TRIP CANCELLATION INSURANCE. Team members **MUST** have trip cancellation insurance **OR sign the waiver above acknowledging you will not be eligible for refund.** For assistance go to www.ISLonline.org and click on "Travel Insurance" for Insurance options. Always contact ISL before buying your tickets.
- **Non-US residents contact the consulate of your destination country for visa info.**

If you are interested in a financial sponsorship program through Good Samaritan Missions, complete page four of the application.

Contact: Info@ISLonline.org or (816) 767-0481.

Always reference the date you're traveling when inquiring as to status of your application or finances.

My signature below confirms that I agree to the terms of this application.

SIGNATURE OF PARTICIPANT (PARENT/GARDIAN IF STUDENT IS A MINOR)	DATE
X	

INTERNATIONAL SERVICE LEARNING

STUDENT PARTICIPATION AGREEMENT

All students participating in any travel program of International Service Learning, hereafter referred to as "ISL", must read and sign the following statement.

I, _____, do voluntarily and without reservation on behalf of myself, my heirs and my estate, release and discharge absolutely and forever, ISL, or any of its agents or program partners, including all associations with colleges, universities, and religious organizations, and waive all claims, demands, of whatever nature for any injury, loss, damage, accident, delay, actions or cause of action, known or unknown, which I now have or may acquire in the future, irregularity or expense arising out of or directly or indirectly relating to my participation in an ISL program, and arising from the use of any vehicle or services, strikes, war, acts or terrorism, weather, sickness, quarantine, government, steamship, airline, railroad, buses, transporting company, firm, individual, or agency. I understand the terms of this Release and the consequences of it and acknowledge that I have not executed it under duress. I agree this is an irrefutable release.

I grant ISL, or one of its agents, full authority to take whatever action they feel is warranted regarding my health and safety and that they may arrange medical treatment for me at my expense and that if deemed necessary by the ISL personnel and/or local medical authorities, I will be sent back to the United States at my own expense for further medical treatment. I also understand all fees paid to ISL are non-refundable under all circumstances and I will secure the proper travel cancellation insurance if I desire refundability.

I understand this is a supervised program and agree to uphold individual and group standards set forth by ISL personnel. These standards include:

- No girls in boys sleeping area and visa versa, at anytime.
- Curfew will be in effect, for safety reasons.
- No trip extensions or on-site visits by friends/family not previously planned/authorized by ISL.
- Vegetarians or others with special diet needs need to notify ISL in writing and bring their necessary dietary supplements.
- I understand any excess baggage exceeding stated personal limits will be donated to local charities/ministries.
- I understand that it is my responsibility to secure all travel related insurance.
- If I am deemed incompatible with the interest of the group and if my enrollment is terminated, no refunds can be expected and returning to the United States is at my own expense. A verbal warning will be provided prior to expulsion from the program. A written report will be provided later. At the discretion of ISL, students' performance may be evaluated at the conclusion of the program and such evaluation will be the basis for ISL response to any requests for recommendation by students' school, future (graduate) school/employer.
- I agree to split costs with ISL in seeking a licensed mediator in the event there is an irresolvable conflict of any kind with ISL.

Alcohol, Tobacco, and Drug Policy:

- Illegal drugs are absolutely PROHIBITED at all times.
- Use of alcoholic beverages in service areas, housing, and transportation to and from service areas is PROHIBITED.
- No alcoholic consumption or smoking at any time without permission of ISL staff.
- Alcohol abuse causing difficulty in the service and quality of the team is grounds for dismissal.

I understand this is not a tourist-type program, but is an international humanitarian team effort serving the poor in sometimes remote and difficult circumstances which on occasion may include basic-needs-only housing, no hot water and travel over long distances, both land and water, in safe but basic transportation. I understand that continual complaint is a basis for dismissal from the program.

I grant ISL permission to reproduce photos, movies, or sound recordings of me taken during the period of time that I am participating in this program, including written statements I may make concerning this program. **I also agree to not return to any service site or housing facility visited on this trip without the specific written permission of International Service Learning.**

SIGNATURE OF PARTICIPANT

X

DATE

GOOD SAMARITAN MISSIONS

SPONSORSHIP PROGRAM AGREEMENT

Good Samaritan Missions (GSM) is pleased to be able to provide a partnership with students and their churches/synagogues, families and friends for the purpose of providing financial sponsorships for student service/mission projects. In order to insure a clear understanding for all concerned, the following description of this sponsorship program is provided.

GSM will assist students in securing financial aid through sponsorships via mailings to family and friends as well as presentations to other organizations. Specific instructions are provided with the mailing kit supplied each student requesting assistance. Donors to this program will be contacted at a later date to provide them with an additional opportunity to support GSM projects.

IRS rules require certain guidelines to be followed. Every student must make a \$500 deposit and a non-refundable \$65 application fee (made to International Service Learning) toward their project/trip. Funds secured through this sponsorship program can only be used for the balance of expenses (cost of trip less \$565). The \$500 deposit may be refundable after the trip, if sufficient sponsorships are raised to cover the total trip cost. The Special Teams deposit is non-refundable except to the extent that sponsor/donors allow their gift to apply to the mission program if the student chooses not to participate. If funds are raised in excess of the cost of the trip (less the deposit for Special Teams), those funds will be applied to the GSM project funds and cannot be designated for another student without written permission from the donor and student, with the student making the donor contacts, assuming both students have signed this agreement. It is our understanding that immediate family and the participant cannot receive tax credit for donations. Refunds are completed and sent out 60 days after the team returns home. All late donations arriving after 90 days after return date can not be credited to student account.

GSM makes no representation or guarantee as to amount of funds to be received through this program. All participants must be aware, therefore, that they will be responsible for the full amount of their trip cost regardless of the success, or lack thereof, of this program. If, for any reason, the student is unable to participate in the program, sponsorships will be used for GSM programs. Funds (85%) can only be returned to donors with a written request from them, initiated by the student. In keeping with 501(c)3 standards, up to fifteen percent of funds received will be retained for medical, optical, dental, veterinary supplies and equipment, as well as, administrative overhead. Which means 85% of sponsorships received will be applied to your project expenses. Foreign Students please note that your donations will reflect an additional charge due to the current foreign exchange rates between banks.

<input type="checkbox"/> MR		<input type="checkbox"/> MS		NAME	
CURRENT ADDRESS					
CITY			STATE		ZIP CODE
PHONE			EMAIL		
TRIP DESTINATION				TRIP DATES	
SCHOOL					
PLEASE CHECK <input type="checkbox"/> PRE MED <input type="checkbox"/> PRE DENT <input type="checkbox"/> PRE OPT <input type="checkbox"/> PRE VET <input type="checkbox"/> GEN STUDIES <input type="checkbox"/> EDUCATION					
WHICH TYPE OF LETTER WOULD YOU PREFER <input type="checkbox"/> RELIGIOUS <input type="checkbox"/> NON-RELIGIOUS					

Please sign the sponsorship agreement below.

This signed agreement will be remitted to Good Samaritan Missions for Processing.

Remember that only **donations** can be made to Good Samaritan Missions. All student **payments** must be made directly to International Service Learning. **All checks must be written on United States or Canadian banks.**

Agreed and Signed:

SIGNATURE OF PARTICIPANT (PARENT/GARDIAN IF STUDENT IS A MINOR)	DATE
X	

Make a copy for your records.