



P.O. Box 1157  
Avon, CO 81620  
(844) 448-3729

## International Service Trip to Honduras March 26-April 1, 2023

### Honduras 2023 Team Member Registration Checklist

This checklist is intended to help you make sure that you have submitted all of the required items. All items must be completed and submitted by **December 31, 2022**.

**SCW Requirements:** (to be submitted via email to [wdejong@schoolsforchildren.org](mailto:wdejong@schoolsforchildren.org))

- SCW Registration Form and Agreement & Release. Agreement & Release must be notarized.
- Passport Copy (scan of info page of passport)
- Parental Consent Form (if under 18). Scan and email. Travel with original, notarized document.
- Trip Fees (\$2,300 + (\$500 donation request-optional to help cover building materials))

Please mail a check to:

SCW  
PO Box 1157  
Avon, CO 81620

Or opt to pay online at [www.schoolsforchildren.org](http://www.schoolsforchildren.org)

Once you have paid the trip fees, we will work with you to book flight itineraries. SCW will purchase travel insurance for each team member.

Please feel free to contact Dr. William DeJong at [wdejong@schoolsforchildren.org](mailto:wdejong@schoolsforchildren.org) with any questions regarding team member registration.

Send completed Registration Forms to [wdejong@schoolsforchildren.org](mailto:wdejong@schoolsforchildren.org)



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2023 Volunteer Registration

Please print clearly:

Name as it is on your passport: \_\_\_\_\_

Name you go by: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Mobile Phone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: (circle) M F

Marital Status: (circle) S M D W Occupation: \_\_\_\_\_

Major Airport(s) near you: \_\_\_\_\_

Required Information:

Passport Number: \_\_\_\_\_ Country of Passport: \_\_\_\_\_ Expiration Date: \_\_\_\_\_
(see bolded note below re: expiration date)

IF YOU ARE NOT A U.S. CITIZEN, it is your responsibility to check with the Embassy of Honduras to determine if you need a visa for entry into Honduras. The phone number for the Embassy of Honduras in Washington, D.C. is (202) 966-7702. You may be referred to a Honduran Consulate near you.

Your passport must be valid 6 months beyond the date of your planned return to the U.S.
Please attach a copy of the information page of your passport.

T-shirt size: (circle one) S M L XL XXL

Number of times you have been to Honduras: \_\_\_\_\_

Spanish speaking ability:

- Enough that I am willing to translate in small groups.
Enough that I am willing to translate for large groups.
Enough that I am willing to translate written communication.

IN THE EVENT YOU BECOME ILL OR INJURED IN HONDURAS, please

List health problems or concerns that we need to be aware of:
None

List all prescription medications that you will be carrying with you, and why:
None

Known allergies (medication, food, environmental, etc.): No Known Drug Allergies

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Family members traveling with me: \_\_\_\_\_



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2023 AGREEMENT AND RELEASE FORM

This AGREEMENT AND RELEASE FORM is to address the requirements and liability issues of Schools for the Children of the World.

INITIAL EACH OF THE FOUR LINES BELOW TO INDICATE YOU HAVE READ EACH SECTION. IF THE TRAVELER IS A MINOR, THE PARENT MUST INITIAL AND SIGN ALSO.

I agree to exempt compensation and hold harmless SCW against any claim, cause of action, or judgment obtained, arising from negligence, recklessness, willfulness, or from any other cause.

This instrument is freely given, and fully understood, by the undersigned to SCW, for myself, my heirs, and personal representatives for the opportunity to witness and travel in Central America. It must be fully executed, then accepted, before travel will be permitted.

WHEREAS, the undersigned desires to travel to, within, and to return from the country of Honduras under the auspices of SCW, now I therefore, for good and valuable consideration received, the receipt and sufficiency of which is hereby acknowledged, declare:

- 1. Authorization. If I need medical care, including surgery, while with SCW, I authorize and appoint SCW and its duly authorized agents to secure any and all available medical attention, including surgery, and specifically authorize them to sign on my behalf any and all permission forms, release forms, etc. I understand that U. S. health insurance is not valid in Central America and I have obtained international health insurance for this trip.
2. Release. I completely understand and fully acknowledge that there is physical risk and danger to my person and property inherent in travel to, within, and returning from Central America. Nevertheless, I waive and release any and all right, claim, or cause of action which may arise against SCW due to any risk or danger, including property loss, injury, sickness, death, or being taken hostage, or for any other reason.

As a representative of SCW, both SCW and I state that, if abducted, under no circumstances will SCW pay ransom or encourage others to pay ransom for me. Moreover, SCW will not request or permit (within its power to do so) the use of violence to free me. Rather, SCW commits to doing all in its power to facilitate my release.

I understand that I am visiting Honduras as a guest of SCW and that my actions will reflect on the work and efforts of these organizations; therefore, I will display the attitude of a guest throughout this visit as well as adhere to the stringent policy of no use of tobacco, alcoholic beverages, or illegal drugs.

Signature of Traveler, Date of Birth, Print Name, Home Phone, Work Phone, Mobile Phone, Street Address, City, State, Zip Code, Parent Signature (If the person above is under the age of 18 years)

ACKNOWLEDGEMENT

This instrument was acknowledged under oath before me in \_\_\_\_\_ County, state of \_\_\_\_\_,

on \_\_\_\_\_ by \_\_\_\_\_: Personally known to me (\_\_\_), or identity verified by driver's license (\_\_\_) (indicate by an "X").

My commission expires: \_\_\_\_\_ NOTARY PUBLIC





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## Parental Consent Form for Traveling Minors

Anyone under the age of 18 must have this form in their possession to leave the country unless accompanied by both parents. Minors under 18 years of age must travel with the consent of both parents. If minor is traveling with only one parent, that parent must hold an original notarized letter of consent from the absent legal parent or legal guardian or a copy of the legal document giving that parent sole custody. Failure to comply will result in denied boarding.

### KEEP THIS FORM IN YOUR POSSESSION!

Send a copy of this form to SCW along with the other required paperwork.

I have given consent to and approve for my child, \_\_\_\_\_,  
(Child's name)

DOB \_\_\_\_\_, who is \_\_\_\_\_ years old to participate in a group/individual trip to \_\_\_\_\_ during \_\_\_\_\_, arrangements which have  
(Destination) (Travel dates)

been provided through and delivered by Schools for the Children of the World. In the event that my child requires emergency medical treatment and I cannot be reached, the following individual

\_\_\_\_\_ is authorized to make emergency  
(name of adult supervising the trip/adult traveling with child/parent/legal guardian)

medical decisions in my absence.

**Dated:** \_\_\_\_\_

**Dated:** \_\_\_\_\_

\_\_\_\_\_  
(Mother's Signature)

\_\_\_\_\_  
(Father's Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Print Name)

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_

Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

### ACKNOWLEDGEMENT

This instrument was acknowledged under oath before me in \_\_\_\_\_ County, state of \_\_\_\_\_, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Personally known to me ( ), or identity verified by driver's license ( ) (indicate by an "X").

\_\_\_\_\_  
(Notary Public)

My commission expires: \_\_\_\_\_

**SEAL**

