

# Application for participation in a delegation to El Salvador for Mission of Healing Trip, February 15 – 22, 2025

PLEASE COMPLETE AND EMAIL TO NICOLE KRAUSE ([NICOLE@UNITYBROOKFIELD.ORG](mailto:NICOLE@UNITYBROOKFIELD.ORG)) BY 11/16/24

Name (full, legal name EXACTLY as it appears on your Passport)

Passport # and country of citizenship

Email address

Primary phone #

Date of birth

TSA Precheck # if you have one

Home congregation (or your church or people connection to this mission)

Briefly state why you would like to be a member of this delegation to visit El Salvador:

Are you in good health and in good physical condition? Yes  No  If no, please explain:

If you have any physical conditions which might be impacted by heat, extended walking, walking on rough terrain, irregular mealtimes, or exposure to illness during the Mission of Healing, please briefly describe your situation.

List all allergies (including medications)

Do you carry an epi-pen or other medications which may need to be administered by others in an emergency?  
Yes  No  If yes, please explain:

Please indicate any dietary restrictions (vegetarian, vegan, gluten-free, etc.)

Have you traveled outside of the US? Yes  No  If yes, briefly describe your experience(s):

Have you traveled to El Salvador before? Yes  No  If yes, briefly describe your experience(s):

If you have traveled to El Salvador previously, do you have any recommendations for this trip? (positive experiences, improvements, etc.)?

Have you traveled to El Salvador before? Yes  No  If yes, please describe:

If you have traveled to El Salvador previously, do you have any recommendations for this visit (positive experiences, improvements, etc.)?

Do you speak or ready any Spanish? (You do not need to speak Spanish in order to participate in this delegation).

None  A few words  Basic  Moderate  Fluent  Native Spanish speaker  I am willing to translate for others

My profession or training is:

*(If you are a medical professional, please include a photocopy of your current license with the application)*

Please check or highlight any specific skills or interests that you wish to contribute to the Mission of Healing Team:

- Medical skills
- Spanish language skills
- Musical instruments
- Singing
- Arts and crafts
- Working with kids
- Yoga/Stretching/Relaxation Exercise
- Counseling/Mental Health
- Sports and games
- Photography/Videography
- Dance
- Haircutting/Glasses/Manicures/Makeup
- Education
- Prayer
- Others: (please list

Please check or highlight any areas of the clinic you are interested in working:

- Teaching/leading a workshop (e.g., oral hygiene, nutrition, physical relaxation, reproductive health,)
- Counseling/mental health
- Medical screenings
- Pharmacy
- Art activities for kids/adults
- Music activities
- Game areas
- Reflexology or Massage
- Spiritual healing area (prayer, music, blessings)
- Translation
- Other:

**PLEASE GO TO THE NEXT PAGE TO READ, SIGN AND COMPLETE THE AGREEMENT**

I, (**Replace with your name**), have voluntarily decided to join a Delegation to El Salvador. I am aware of the greater than normal risk to my well-being due to the possibility of problems associated with travel to and from El Salvador.

I, my heir, assigns, representatives and executors hereby release and promise to hold harmless The Greater Milwaukee Synod of the ELCA and all other sponsoring group(s) and their officers, employees, advisors, agents or representatives from any bodily or mental harm, injury, loss or illness – including, but not limited to, death – that may result from my participation in this Delegation, whether in El Salvador, in any travel to or from El Salvador, or upon my return to the United States.

**Your Signature and Date**

**Witness Signature and Date**

**Print name of witness**

**In case of emergency, please notify:**

**Name of contact in the US**

**Relationship**

**Emergency contact's phone number(s):**

**Emergency contact's email address:**

***Trip Costs and Traveler Obligations:***

**Cost:** Travelers pay for the cost of your plane ticket and travel insurance (usually ~\$800 but varies), plus \$500 for in-country expenses, which covers your hotels, transportation, and meals in El Salvador. Unity Lutheran Church covers the in-country expenses for any Unity members traveling, in which case you are responsible only for your plane ticket and travel insurance, which we purchase for the group. Some other churches offer this to their members as well.

**Payment:** We ask travelers to pay a \$500 deposit when submitting their application, then pay the remaining balance owed before the trip departs. Trip payment can be made by check, written out to Unity Lutheran Church with "Mission of Healing" on the memo line, or can be made online at [unitybrookfield.org](http://unitybrookfield.org) -> share -> donate now -> "other giving"  
\*Mission of Healing -> frequency: one-time gift.

**Other Obligations: All trip participants must attend 3 pre-trip meetings in January and early February.** These meetings will be at 6pm at Unity Lutheran Church (20700 W. North Ave., Brookfield) or on Zoom. Travelers will also submit copies of medical licenses, passports, and health insurance cards before travel.

**Traveler Selection:** Space is limited, so the final group will be selected for a balance of former and first-time travelers, as well as skills of each applicant. **This is a physically and emotionally demanding trip, and not suitable for everyone.** Please indicate on this application if you have any health concerns and talk to us so we can figure out if it is a good fit for you.

Applications will be reviewed by the delegation leaders, and all applicants will be notified **by December 1** whether or not they are accepted for the trip. Thank you for applying!