



Form Packet - Health Field Studies

The Village Mountain Mission

***Please submit this packet, plus your flight itinerary and a copy of your passport photo page (if available) to:
Charlotte Souers, 606 Lake Vista Drive, Forest, VA 24551.***

Personal Information

Last, First Name	Phone Number	Email Address

Travel Information

Home Departure Date:	Destination City:	Flight and Arrival Time: (if available)
Return Departure Date:	Departure City:	Flight and Departure Time: (if available)

Personal Data

Date of Birth:	Country of Citizenship	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Permanent Address:	City, State	Zip <input type="checkbox"/> check if this is mailing address
At School Address: (if applicable)	City, State	Zip <input type="checkbox"/> check if this is mailing address
University/College attending: (if applicable)	Class Rank (circle one) Fr So Jr Sr MA/MS Ph.D.	Passport <input type="checkbox"/> I have a valid passport <input type="checkbox"/> I have applied for one
Health Insurance Provider:	Health Insurance Policy #:	Health Insurance Phone #:



Form Packet - Health Field Studies

The Village Mountain Mission

Emergency Contacts

VMM strongly recommends that one of your emergency contacts be a holder of a valid passport.

Contact 1: Last, First Name	Relationship	Email Address
Home Phone:	Work Phone:	Cell Phone:
Street Address:	City, State, Zip	Holds Valid Passport?

Contact 2: Last, First Name	Relationship	Email Address
Home Phone:	Work Phone:	Cell Phone:
Street Address:	City, State, Zip	Holds Valid Passport?

Contact 3: Last, First Name	Relationship	Email Address
Home Phone:	Work Phone:	Cell Phone:
Street Address:	City, State, Zip	Holds Valid Passport?



Form Packet - Health Field Studies

The Village Mountain Mission

Confirmation of Embassy Registration

The Village Mountain Mission suggests you register online at the US Embassy in the Dominican Republic before you leave. Below are instructions for registering online. You will need your passport number and your address in the Dominican Republic:

The Village Mountain Mission
c/o Mario Echavaria
Prolongcion, Mella # 10
Luperon, Puerto Plata

- Go to www.travel.state.gov.
- Click on "Registration with Embassies."
- Read this information describing what Consular Services can do for you. Click on "Travel Registration" at the bottom.
- Follow directions to "Create an Account".

SPECIAL NOTE on Privacy Information. Under "I agree to allow the State Department to disclose my information to:" click the box for "Other" and in the comments section please put "The Village Mountain Mission". By allowing the Embassies to speak to us, we will be better prepared to assist in resolving situations concerning your health and safety. For non-US citizens only: Contacted the embassy of your home country to find out about registration and other services offered. If possible, register with your embassy in the Dominican Republic.

I confirm that I understand my responsibility to register with the US Embassy for the duration of my time abroad. _____ initial here

Confirmation of HTH Worldwide Health Insurance Enrollment

The Village Mountain Mission also recommends that you enroll in HTH Worldwide study abroad health insurance (www.hthtravelinsurance.com) or another qualified provider. The policy provides coverage for your benefit, including health insurance, accidental death and dismemberment, repatriation of remains, and medical evacuation (www.hthtravelinsurance.com/1_benefits_exc.cfm).

I acknowledge my responsibility to understand the conditions and limitations of this coverage and agree that The Village Mountain Mission is not responsible for any uninsured losses.

I understand that I will only be enrolled for the time period stated below. If I plan to travel additionally either before or after the program end dates, I may choose to extend the period of coverage at my own expense. The cost is approximately \$12/week (subject to slight increases).

I confirm that I understand the recommendation and my responsibility to obtain study abroad health insurance. _____ initial here



Form Packet - Health Field Studies

The Village Mountain Mission

Health Information

The purpose of this section is to help The Village Mountain Mission to be of maximum assistance to you should you need medical assistance during your time abroad. Mild physical or psychological disorders can become serious under the stresses of life while traveling abroad. It is important that the trip coordinator(s) be made aware of any medical or emotional problems, past or current, which might affect you in a foreign environment. The Village Mountain Mission will do its best to reasonably accommodate all individual needs or circumstances.

The information provided will remain confidential and will be shared with the program staff, faculty, or appropriate professionals only if pertinent to your well-being. Please attach additional sheets for any necessary explanations while answering the following questions.

1. Are you generally in good physical condition? (If no, please explain) **YES NO**
2. Have you been treated or are you currently being treated for any physical, psychological or emotional conditions? (If yes, please explain) **YES NO**
3. Do you have any allergies? (If yes, please explain) **YES NO**
4. Are you taking any medications? (If yes, please explain) **YES NO**
5. Are you a vegetarian or on a restricted diet? (If yes, please explain) **YES NO**
6. Is there any additional information (concerning medical conditions or physical disabilities) that would be helpful for the Program Coordinator to know during your study abroad? (If yes, please explain) **YES NO**



Form Packet - Health Field Studies

The Village Mountain Mission

Conditions of Participation.

I, the undersigned, do hereby accept my participation on this trip and agree to all terms and conditions of the trip. Furthermore, I verify that I am at least eighteen (18) years of age and fully competent to sign this agreement.

Personal Code of Conduct.

The Village Mountain Mission project is centered in the Dominican Republic, which means that we are guests on foreign soil. Your actions are a reflection of The Village Mountain Mission, your home organization, and the USA. Therefore The Village Mountain Mission expects you to act accordingly, meaning that you will be a "model" representative of your country and our project's mission.

Any action unbecoming of our participants, such that would indicate that you are not acting as would be expected of a good representative may result in your being asked to leave. Such misconduct may include, but is not limited to, use of drugs, foul language, argumentative attitude, and operating independently (such as leaving the site) without group leadership agreement. Adult groups need to keep the use of alcohol to a bare minimum; use of alcohol by adults with a youth group is not recommended. Use of alcohol at any of our facilities is unacceptable, and use by minors is prohibited.

If you are determined to be unfit to serve with our mission by the leadership of The Village Mountain Mission, then your departure will be at your, or your family's, expense.

I agree to participate in all aspects of the trip, including orientation, instruction, excursions, and evaluation, as applicable. I understand that The Village Mountain Mission and its representatives have the authority to establish rules of conduct necessary for the operation of the program during the entire period of the trip. These rules of conduct apply to me whether I am in the U.S. or abroad. Should I violate stated rules, or demonstrate disruptive behavior, or through my conduct bring the trip or fellow participants into disrepute or legal or physical jeopardy, I may be removed from the program and/or face other sanctions.

Financial Responsibility. I understand that once I execute this Conditions of Participation, I am taking full financial responsibility for reasonable and necessary costs incurred on my behalf. If I withdraw from this program for any reason and The Village Mountain Mission has incurred any costs on my behalf, I will take responsibility for those costs by reimbursing the Village Mountain Mission for those costs incurred.

If I am dismissed from the program for cause, I will remain responsible for all costs incurred on my behalf.

Insurance Coverage. I understand that it is recommended that I be enrolled in study abroad health insurance for the duration of the trip. The policy provides coverage for my benefit, including health insurance, accidental death and



Form Packet - Health Field Studies

The Village Mountain Mission

dismemberment, repatriation of remains, and medical evacuation. I acknowledge my responsibility to understand the conditions and limitations of this coverage and agree that The Village Mountain Mission is not responsible for any uninsured losses.

Medical Treatment. I have completed the health information section of the application to the best of my knowledge. In the event of illness or injury to me, I authorize any official representative of The Village Mountain Mission to secure medical treatment on my behalf, including surgery and the administration of an anesthetic, and I accept all financial responsibility for such treatment.

Independent Travel. I understand that neither The Village Mountain Mission nor its staff is responsible for me while I am traveling independently.

Permission to Share Information. I give The Village Mountain Mission and its representatives permission to communicate internally and with my parents, host institution abroad, and/or other emergency contact person (as specified in this form) regarding all issues surrounding my abroad experience. This may include but is not limited to student account information, student conduct issues, health and safety, grades or academics; such contact may occur before, during or after the trip.

Photo Release. I give The Village Mountain Mission and its representatives permission to make use of photographs baring my image in both print- and web-based program materials for educational, non-commercial promotion.

General Release and Waiver. I release The Village Mountain Mission and its staff from any liability for damage or loss of property, injury, illness or death during the period of the trip, arising on the part of fellow participants, host family members, agencies and education organizations, persons, or groups with which The Village Mountain Mission contracts for the provision of services for the program, or which have been suggested by program faculty as resources for regional or independent study projects.

I understand that all The Village Mountain Mission policies are subject to change, and it is my responsibility to be informed. I certify that all responses made on this application are complete, true and accurate, and I will notify the The Village Mountain Mission hereafter of all relevant changes that may occur prior to the start of the program. I hereby acknowledge that I have read, fully understood, and agree to the policies as stated above.

_____/_____/_____
Signature Month Day Year

Name (Please print)