Guatemala 2014



We are going to Los Robles, Guatemala. We have been working with the founder of Humanitize Expeditions, Katie Walther, RN, MA to organize this trip. This May we will be able to take two groups down to Guatemala. The dates are May 17 - 25, 2014 and May 24 – Jun 1, 2014. We will be able to take a maximum of 10 students to Guatemala each week. Due to the limited space, we are requiring the application within this packet to be filled out and returned to Dr. Williamson by November 22, 2013. Dr. Williamson along with input from the GIC committee chair will make the selections.

**Humanitize Expeditions- Guatemala** [www.humanitizeexpeditions.com](http://www.humanitizeexpeditions.com)

* Director: Katie Walther, RN, MA
* International Volunteering
* Where? Casa de Sion- Los Robles, Guatemala
* What & When? Eight day trip May 17 - 25, 2014 and May 24 – Jun 1, 2014. Medical Clinic opened in 2010 for medical teams to come down and open the clinic for a week at a time.
* We will go with a nurse practitioner, registered nurses and possible faculty members to provide care to hundreds of Guatemalans
* We will also teach Guatemalans about hygiene, breastfeeding, nutrition, etc.
* Cost- $800 (lodging, 3 meals a day, bottled water, ground transportation).
* You must purchase air fares which will be around $650 round trip (this will be done as a group at the appropriate time).
* You must get your passport (approximately $100).
* Vaccines are not mandatory (recommend Hep A, can be done in Campus Health Services). Confer with your health care provider.
* We will be staying in the guesthouse near the clinic.
* We will bring supplies for the medical clinic (to be discussed).
* You must attend cultural competency course, team building, and you MUST participate in fundraising activities
* Trip cost needs to be cover in full by participants, although fundraising funds might be provided. We are unable to determine the amount that will be returned at this time. (Please consider this before turning in application)

We hope you are as excited as us are about the upcoming trips and the future of the GIC within our SNA!

If you have any questions, comments, or concerns feel free to send us an email.

Thank you!

Sincerely,

Dr. Paul Williamson, PhD, RN, ACNP-BC

paul.williamson@mtsu.edu

cell- 615-603-9711

Bethany Baker, 5th semester GIC Chair

bethanyrenee1007@gmail.com

**APPLICATION FOR GUATEMALA MEDICAL MISSION TRIP**

Requirement(s) OPEN TO ALL SEMESTERS (Nursing Department)

1. Good academic standing (passing all courses).

2. You must submit a written recommendation from one professor.

3. Submit personal statement.

PLEASE PRINT AND RETURN TO Dr. Williamson ON or BEFORE NOVEMBER 22nd

*No late applications will be considered.*

**Name:**

**Semester:**

**E-mail:**

**Cell Phone Number:**

**Is texting okay?**

**Personal Statement: Please write a short essay about why you would like to participate in the GIC medical mission to Guatemala: (no more than 500 words)**

**PLEASE CONSIDER AND AGREE TO ALL OF THE FOLLOWING BEFORE TURNING IN YOUR APPLICATION.**

For this trip you must agree to the following:

1. Cover all trip cost, including airplane ticket (~$650) to be purchased in December 2013.

2. Get a passport

3. Participate in fundraising.

4. Attend ALL committee meetings.

5. Purchase medical evacuation insurance. (This will be done through iNext).

6. Attend the cultural competency course.

7. Attend the team-building course.

8. Complete all forms needed by the SNA and Katie Walther.

9. Commit to attending the medical mission.

10. Agree to uphold the mission and goals of MTSU’s SON SNA GIC (please refer to the next sheet).

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

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Semester:\_\_\_\_\_\_\_\_\_\_

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

MTSU SNA Global Initiative Committee

**Mission Statement**

*To gain an understanding of national and international health care through volunteering our newly learned services to people in regions of poverty.*

**Goals**

* To gain cultural competence
* To provide health and wellness education
* To provide health care services to those without
* To represent MTSU SNA on a global scale
* To lay a foundation of volunteering nationally and internationally for future SNA members
* To make a difference in the lives of those we help

Objective of Volunteering for **RAM**

* To use a regional perspective of healthcare volunteering as a stepping-stone for volunteering on an international level.

Objective of Volunteering in **Guatemala**

* To open the medical clinic in Los Robles, Guatemala for a week to provide basic medical treatments and health care education to hundreds of Guatemalans.

**Waiver of Liability**

Student Nurses Association

WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

1. In consideration for receiving permission to participate in the \_SNA Global Initiative Guatemala Trip, I hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE Middle Tennessee State University, the Student Nurses Association, their officers, agents, or volunteers (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, while participating in such activity, while in, on or upon the premises where the activities are being conducted, REGARDLESS OF WHETHER SUCH LOSS IS CAUSED BY THE NEGLIGENCE OF THE RELEASEES, or otherwise and regardless of whether such liability arises in tort, contract, strict liability, or otherwise, to the fullest extent allowed by law

2. I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_voluntarily assume full responsibility for any risks of loss, property damage, or personal injury, including death, that may be sustained by me, or any loss or damage to property owned by me, as a result of being engaged in such an activities, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES or otherwise, to the fullest extent allowed by law

3. I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS the RELEASEES from any loss, liability, damage, or costs, including court costs and attorneys' fees that Releases may incur due to my participation in said activities, WHETHER CAUSED BY NEGLIGENCE OF RELEASEES or otherwise, to the fullest extent allowed by law.

4. It is my express intent that this Waiver and Hold Harmless Agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE, AND COVENANT NOT TO SUE the above-named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of Tennessee and that any mediation, suit, or other proceeding must be filed or entered into only in Tennessee and the federal or state courts of Tenneseee. Any portion of this document deemed unlawful or unenforceable is severable and shall be stricken without any effect on the enforceability of the remaining provisions.

**IN SIGNING THIS AGREEMENT, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Wavier of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Agreement for full, adequate and complete consideration fully intending to be bound by same. I am entering this contract as an individual.**

I HEREBY CERTIFY that I have personal health insurance. My insurance company is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

IN WITNESS WHEREOF, I have signed this Waiver and Agreement under seal on this \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_\_.

WITNESS: PARTICIPANT:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FACULTY RECOMMENDATION FORM**

**Dear Faculty,**

**I am applying for SNA’s medical mission trip to Guatemala on May 17-25 or May 24-June 1, 2014. The application process requires a faculty recommendation. Dr. Williamson before NOVEMBER 22nd.**

**Thank you!**

Student Name: Last\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Semester: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please evaluate the student listed above by completing the following information:

**Ranking Scale:**

5 = Exceptionally High

4 = Above Average

3 = Average

2 = Below Average

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Ability and Personality Traits** | **2** | **3** | **4** | **5** |
| Writing Skills |  |  |  |  |
| Social and Emotional  |  |  |  |  |
| Ability to Work with Peers |  |  |  |  |
| Ability to Work with Teachers |  |  |  |  |
| Leadership Qualities |  |  |  |  |
| Oral Communication Skills |  |  |  |  |
| Creativity |  |  |  |  |
| Personal Integrity |  |  |  |  |

 **Indicate strength of your overall endorsement by checking the appropriate box:**

[\_\_] Highly Recommended

[\_\_] Recommended

[\_\_] Recommended with Reservation

[\_\_] Not Recommended

Please write additional comments that will aid in assessing the student’s qualifications:

|  |
| --- |
|  |

 Signature of Faculty \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course Area \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Passport Information**

**Places in Murfreesboro for passport application:**

**(You can renew online, but if this is your FIRST passport you must apply in person)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| CHURCH ST STATION | 825 SOUTH CHURCH STREET | MURFREESBORO | TN | 37130 | 6152170596 |
| RUTHERFORD COUNTY CLERK | 319 NORTH MAPLE ST | MURFREESBORO | TN | 37130 | 6158987800 |

***Get started early because the process can take up to 12 weeks!***

Go to [**http://travel.state.gov/passport/get/first/first\_830.html**](http://travel.state.gov/passport/get/first/first_830.html)for more information. and to print out the DS-11 forms.

[1. Fill Out Form DS-11: *Application For A U.S. Passport*](http://travel.state.gov/passport/get/first/first_830.html#step1first)
[2. Submit Completed Form DS-11 In Person](http://travel.state.gov/passport/get/first/first_830.html#step2first)[3. Submit Evidence of U.S. Citizenship](http://travel.state.gov/passport/get/first/first_830.html#step3first) (Social security card)
[4. Present Identification](http://travel.state.gov/passport/get/first/first_830.html#step4first) (State license)
[5. Submit a Photocopy of the Identification Document(s) Presented (Step 4)](http://travel.state.gov/passport/get/first/first_830.html#step5first) (Photocopy BOTH sides)
[6. Pay the Applicable Fee](http://travel.state.gov/passport/get/first/first_830.html#step6first)
[7. Provide One Passport Photo](http://travel.state.gov/passport/get/first/first_830.html#step7first)

There are many picture requirements. Go to this site before you take a passport picture.

**http://travel.state.gov/passport/pptphotoreq/pptphotoreq\_5333.html**

