

Sister Parish Delegate Application

Personal Data

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

E-Mail _____

Phone (day) _____ (evening) _____

Birthdate _____ Gender M / F Education _____

Emergency Contact Name _____ Phone _____

Passport Number _____ Date _____ Place of Issue _____

Languages spoken other than English _____ Proficiency _____

Experience

Travel outside of the USA? Yes No

If yes, please describe: _____

Experience or skills that will contribute to the journey _____

Activities involved in at SFA: _____

Health Information (this information will assist us in assessing your special needs and allow us to take measures which would reduce risks of serious health matters)

General Health Excellent _____ Good _____ Fair _____ Poor _____

Dietary Restrictions? Yes No

If yes, please describe: _____

(If the answer is Yes to any of the following, please attach a statement describing)

Are you currently under a physician's care? Yes No

Medication Taken: _____

Do you have experience with drug or alcohol abuse? Yes No

Are you, or have you been, treated for an emotional or mental illness? Yes No

Value and Beliefs

Why are you applying to join this delegation to Guatemala? _____

What do you expect from this delegation and what do you hope to contribute to the group? _____

What fears do you have about joining this delegation? _____

What are the values and commitments that are most important to you? _____

How will you use the delegation experience once you return to the USA? _____

I understand that if I participate in this delegation I am responsible for my expenses (currently approximately \$1800) either through personal contribution to the Catholic Community of St Francis of Assisi, or through fundraising. All fundraising activities representing SFA must be approved by the pastor.

I further understand that if I participate in this delegation, I must attend at least 3 of 4 training sessions and the final retreat which will be scheduled prior to departure to Guatemala.

Signed _____ Date _____

Please return application and \$150 deposit made payable to St Francis of Assisi to:

Danielle Fogg
2509 Spruce Shadows Lane
Raleigh, NC 27614
email: ddfogg@embarqmail.com

Phone:(h) 554-5773
(w) 621-5773