

Additional Information & Paperwork

May 2014



This trip is designed to stimulate the heart of the Church to turn an eye to the poor and to reach out a helping hand. We strive to provide for the helpless and to feed the hungry through the teachings of simple medical practices which can change the face of Peru forever.

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* Team planners previously led trips, but may not be able to attend or help lead this trip due to work or school obligations.

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Peru Trip 2014 Application Form

Personal Information:

Full Name: _____

Cell Phone: _____ **Gender (Circle One):** M F

Home/Current Address: Street: _____

City: _____ **State:** _____ **Zip:** _____

Date of Birth: ____/____/____ **Marital Status:** _____

Email: _____



Hechos 20:24

Pero en ninguna manera estimo mi vida como valiosa para mí mismo, a fin de poder terminar mi carrera y el ministerio que recibí del Señor Jesús, para dar testimonio solemnemente del evangelio de la gracia de Dios.

Job Information:

Job Title: _____

Job Location: _____

College Information:

College, Location	Degree	Major(s) / Minor(s)	Year of Graduation



Travel Information:

Do you speak Spanish: Yes No

Have you traveled out of the country: Yes No

If yes, Where? _____

Have you served with us in Peru before?: Yes No

Driver's License:

Driver's License #: _____ **Expiration Date:** _____

* Please attach a copy of your driver's license with this application

Passport:

Name as it appears on your passport: _____

Passport #: _____ **Expiration Date:** _____

* If you do not have a passport please plan on applying for one by December 1, 2014

* If you have a passport please attach a copy of the passport with this application

Emergency Contact:

Name: _____ **Relationship:** _____

Email: _____

Address: Street: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Cell Phone:** _____ **Work Phone:** _____

Insurance Information:

Company: _____ **Policy #:** _____

Policy Holder: _____ **Phone #:** _____

* Please attach a copy of your insurance card with this application

Required Attachments:

- Copy of Driver's License
- Copy of Passport
- Copy of Insurance Card

* Please email form and attachments to
Jonathan Stofer - Jstofs31590@gmail.com



Health Form

Diagnosed Medical Condition	Yes	No	When	Current Treatment and Current Medication
Anemia				
Asthma				
Cancer				
Chronic Bronchitis				
Diabetes				
Epilepsy or Convulsion				
Hay Fever				
Heart Murmur as an Adult				
High Blood Pressure				
Hypoglycemia				
Infectious Mononucleosis				
Intestinal Problem				
Kidney Disease				
Migraine Headaches				
Nervous Breakdown				
Severe Depression				
Severe Emotional Problem				
Skin Disease				
Other				

Allergies	Yes	No
Aspirin		
Bee Stings		
Codeine		
General		
Inhalants (mold, dust, ect.)		
Penicillin		
Food		
Other		

Do you have any food allergies?

What medication(s) are you currently taking? Why are you taking them? Be specific.

Vaccination & Medication Requirements

Vaccination or Disease	Recommendations or Requirements for Vaccine-Preventable Diseases
Routine	Recommended if you are not up-to-date with routine shots such as, measles/mumps/rubella (MMR) vaccine, diphtheria/pertussis/tetanus (DPT) vaccine, poliovirus vaccine, etc.
Hepatitis A or immune globulin (IG)	Recommended for all unvaccinated people traveling to or working in countries with an intermediate or high level of hepatitis A virus infection (see map) where exposure might occur through food or water. Cases of travel-related hepatitis A can also occur in travelers to developing countries with "standard" tourist itineraries, accommodations, and food consumption behaviors.
Hepatitis B	Recommended for all unvaccinated persons traveling to or working in countries with intermediate to high levels of endemic HBV transmission (see map), especially those who might be exposed to blood or body fluids, have sexual contact with the local population, or be exposed through medical treatment (e.g., for an accident).
Typhoid	Recommended for all unvaccinated people traveling to or working in Tropical South America, especially if staying with friends or relatives or visiting smaller cities, villages, or rural areas where exposure might occur through food or water.
Yellow Fever	CDC yellow fever vaccination recommendation for travelers to Peru: For all travelers ≥ 9 months of age traveling to the areas east of the Andes Mountains (see Map 2-4) and for those who intend to visit any jungle areas of the country $< 2,300$ m ($< 7,546$ ft). Travelers who are limiting travel to the cities of Cuzco and Machu Picchu do NOT need vaccination. Vaccination should be given 10 days before travel and at 10 year intervals if there is on-going risk. Find an authorized U.S. yellow fever vaccination clinic.
Malaria	Recommended for travelers in Tropical South America, especially if traveling into the jungle regions. Medications recommended would be Doxycycline or Malarone (for lighter skinned people).



EuroCamp Missionary

Immunization Agreement

In the interest of providing adequate information to all Volunteers, Global Partners has provided each individual with the standard of immunizations for international travel (HB-1401). These immunizations are prescribed by the Department's medical consultant and are viewed by the General Department of Global Partners as a prerequisite for departure.

I have reviewed these immunization standards (HB-1401), have consulted with my physician concerning the necessary precautions, have complied with the recommendations of my physician, and agree to assume all risks.

EuroCamp Participant - Printed Name

EuroCamp Participant – Signature

Date



Field Emergency Information Form

Please clearly print the name, phone number, and e-mail address of someone in North America that we can contact for you in the case of an emergency situation on the field.

Name of Team Member:

Name: _____

Primary Contact:

Name: _____

Phone: (_____) _____

Email Address: _____

Secondary Contact:

Name: _____

Phone: (_____) _____

Email Address: _____

Fund Raising

“Peru Nursing Team” is what they are calling our trip because we are using a previous Global Partners account. Our unique fund-raising number is: **WM10-0309**. This is important because when people donate, they will need this. The fund also has the secondary name “**Peru Nursing Team.**” When donors give to Global Partners, they’ll need to use one of the following methods:

1. By mail, send checks payable to Global Partners at P.O. Box 50434, Indianapolis, IN, 46250. The fund number (WM10-0309) should be in the memo line of the check, ensuring that it goes into the right account. An accompanying note/slip/card must be included, specifying which team member solicited the donation. *(This is important, because without this extra info, we will have no way to identify who a gift was given for since team member names should not appear on the check.)*
2. By phone, donors can call 800.707.7715 and ask to give for the IWU Peru Nursing Team. They should have the fund number handy, and be ready to specify a team member by name.
3. On the Web, donors can give securely by going to <http://www.wesleyan.org/gp/donate> or www.globalpartnersonline.org/donate. Here they will put the fund number in the pertinent box, then put “Peru Nursing Team” for the Description box, and put the team member’s name (whoever they’re wanting to support) for the Notes box. The online system will guide them through making a donation and setting up an account if they haven’t done that before. (It’s sort of like setting up an Amazon.com account and then managing a “shopping cart.”)

Because Global Partners is a 501(c)(3), donors will receive a receipt with any of the three methods above. (Note: Non-US donors would need to give in a different way to get a receipt, so please let me know if you need those guidelines for non-US donors.)