



**The SHARE Foundation:
Building a New El Salvador Today**

“Every journey of a thousand miles begins with..... paperwork?”

So it seems and this journey, alas, is no different. Please note the following instructions for completing the delegate application:

- 1 – Save form as “*Your Name Application*”, ie “Jane Smith Application”
- 2 – Fill out all forms completely. *Only applicants under the age of 18 must complete the Parent Permission Form.*
- 3 – Save Form
- 4 – Email form as attachment to sharedc@share-elsalvador.org
- 5 – Print Form
- 6 – Sign and date Liability Waiver (all delegates) and Parent Permission Form (delegates under 18 years of age only)
- 7 – Give the following items to your Delegation Leader:
 - ✓ Completed Application
 - ✓ Liability Waiver (signed and dated)
 - ✓ Parent Permission Form (Delegates under 18 only)
 - ✓ Copy of photo page of valid passport
- 8 – You should receive an email confirmation from the SHARE office that your application was received. If you do not receive this confirmation please inform your delegation leader.



The SHARE Foundation:
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Delegate Application

Name: _____ Gender: F M

Address: _____

Phone: Home _____ Cell _____ Work _____

Email(s): _____

Date of Birth: _____ Birthplace: _____

Citizenship: _____ Passport Number: _____ Expiration: _____

I am traveling with:

Organization/School Name: _____

Delegation Leader(s): _____

Expected Arrival date: _____ Departure date: _____

Parent/Guardian (if under 18) or Emergency contact:

Name: _____ Relationship: _____

Address: _____

Phone: H _____ C _____ W _____

Medical and Health Questionnaire

Do you have any of the following dietary restrictions?

- | | |
|---|---|
| <input type="checkbox"/> Vegetarian | <input type="checkbox"/> Food Allergies Explain: |
| <input type="checkbox"/> Vegan | <input type="checkbox"/> Other Explain: |
| <input type="checkbox"/> Lactose Intolerant | |

List all medications you are currently taking:

El Salvador is a poor country. Living conditions during your stay may include: a basic diet of beans, rice and tortillas, a hot and humid climate, rough roads and hiking, and primitive toilet facilities, especially when in the countryside. In light of these conditions, please assess your physical condition. Indicate any disabilities, allergies, medical or emotional conditions you have that may affect your ability to participate in group activities.

A typical, moderate delegation experience will include a small amount of physical exertion; ie, walking uphill for 10-15 minutes across uneven terrain in high heat and high humidity. Itineraries can be adjusted to accommodate the physical capabilities of the delegates. Considering these conditions, please mark the statement that best applies to you:

- I DO NOT have the physical capacity to accomplish the level of exertion stated above. Please coordinate alternative activities.
- I DO have the physical capacity to accomplish the level of exertion stated above.
- I am in good physical condition and would welcome the possibility of participating in activities that may include some physical exertion, such as longer walks and/or hikes in the communities.

What is your level of Spanish comprehension/verbal skills?

Why do you want to participate in a SHARE Delegation in El Salvador?

On a scale of 1(not at all) to 10(very well) how well do you feel you know the history and current situation in El Salvador.

Explain your experience/knowledge:

Do you have any special gifts, talents or abilities that you would like to share now, during the trip or later?

How do you deal with being in uncomfortable situations that you have little control over?

Describe previous experiences you have had confronting injustices and sharp levels of poverty?

What is your relationship to the group you're traveling with? How well do you know, or how comfortable do you feel around the other members of the group?

Waiver of Liability and Assumption of Risk

I, _____, voluntarily join a delegation jointly sponsored by the SHARE Foundation and _____. I am participating in this delegation because I want to gain a better understanding of the situation in El Salvador and to support human rights and democracy for the people of El Salvador. By initialing here, _____ I acknowledge that I have read the SHARE Delegate Packet and am willing to abide by SHARE's recommendations for cooperation while in El Salvador; specifically regarding Safety, Health and the Accompaniment Model. Further, I recognize and assume the risks of travel to, from and within El Salvador.

On behalf of myself, my family, heirs, representatives, executors, administrators and all other persons making any claim by reason of relationship to me, I hereby release the SHARE Foundation: Building a New El Salvador Today and any of their affiliates, subdivisions, officers, directors, employees, advisors, agents and representatives from any claims, damages, costs including attorney's fees, other liabilities resulting from personal injury, property damage, or other losses of any kind in any way connected with participation in this delegation.

I have carefully reviewed this form in its entirety and by signing below agree to its terms with full understanding of its meaning and effect. Intending to be legally bound, I am signing this Waiver of Liability and Assumption of Risk in consideration of my participation in this delegation. I have also read the delegation security guidelines. I understand and agree to abide by them for the duration of the delegation.

Signature: _____ Date: _____

If delegate is under 18 years of age parent or guardian must sign below.

I have read and fully understand the above waiver of liability and assumption of risk for my child and hereby agree to its terms.

Name: _____

Signature: _____ Date: _____

Parent Permission Form for SHARE Delegation to El Salvador
(For delegates under 18 years of age)

Organization Name: _____

Delegation Leaders: _____

Date/Time of Departure: _____

I, the parent/guardian of _____ request that my child be allowed to participate in the 2008 Youth Delegation to El Salvador.

I consent to other conditions stated in the SHARE Foundation Delegation Packet. I understand as a parent or legal guardian I am responsible for any liability which may result from actions taken by my child.

I fully understand there is a risk of injury involved in any activity or delegation. I agree that I will not hold the joint sponsors, the SHARE foundation or _____ responsible for any injuries that my child might incur while participating in this delegation. I have signed the Waiver of Liability on behalf of my child.

In an emergency, if I cannot be contacted, I hereby authorize that emergency treatment be administered.

Child's Name: _____ Age _____

Signature (Parent/Guardian) _____ Date: _____

Please PRINT the following information

Home Address _____

Parent/Guardian's Name _____

Telephone H _____ W _____ C _____

Alternative contacts in Case of Injury/Illness:

Name: _____ Relationship to child: _____

Telephone H _____ W _____ C _____

Any medications your child is currently taking:

Child's allergies or other known diseases, disorders or disabilities:

Physician's Name: _____

Address and Phone: _____