



# Rotary-GLP Tour

Application: February 3-12, 2017

### Contact Information

Name: \_\_\_\_\_ Name you prefer to be called: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Work/Cell phone: \_\_\_\_\_  
Email address (required): \_\_\_\_\_

### Tour Information

Requested occupancy: Single (US\$1,875)\*  Double (US\$1,675)

If double occupancy, name of roommate: \_\_\_\_\_ or  
please assign me a roommate

Do you have a valid passport? Yes  No  Country of issuance: \_\_\_\_\_

If you do not have a passport, when do you expect to obtain it? \_\_\_\_\_

*\*Note: Your passport must have more than 6 months until expiration at the time of travel.*

Spanish ability (none required): Fluent  Good  Fair  Minimal  None

Are you interested in being separated from your companion or group on bus rides in order to meet other participants (not required)? Yes  No

*\*Note: Occasionally the tour stays in a hotel that cannot accommodate all single occupancies. Single occupants will be reimbursed a portion of the cost per room night in which they must share a double occupancy.*

### Biographical Information

*Our tour participants enjoy learning a little bit about their fellow travelers prior to arriving in Guatemala. If you prefer that we do not share the following information, please check here*

Occupation: \_\_\_\_\_

Age: \_\_\_\_\_

Are you a Rotarian? Yes  No  If yes, what is your Rotary Club? \_\_\_\_\_

If no, which Rotarian are you traveling with? \_\_\_\_\_

Hometown: \_\_\_\_\_

Family: \_\_\_\_\_

Travel experience: \_\_\_\_\_

Anything else you would like to add: \_\_\_\_\_

**Please return forms to  
Cooperative for Education  
Attn: Leslie Jenkins Reed, 2300 Montana Ave, Suite 301, Cincinnati, OH 45211**

# Application for Rotary-GLP Tour

## Emergency Information

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ SEX: M  F

### EMERGENCY CONTACT

NAME: \_\_\_\_\_ PHONE (HOME): \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ PHONE (WORK): \_\_\_\_\_

PHYSICIAN(S):	TYPE:	PHONE NUMBER:

MEDICAL CONDITIONS (e.g. – heart problems, diabetes, seizures, etc):

\_\_\_\_\_

\_\_\_\_\_

SIGNIFICANT PAST MEDICAL HISTORY (e.g. – surgeries, treatments, etc):

\_\_\_\_\_

\_\_\_\_\_

MEDICATIONS:	DOSAGE/TIME:	TAKEN FOR:

MEDICAL ALLERGIES:

\_\_\_\_\_

\_\_\_\_\_

FOOD ALLERIGIES/DIETETIC RESTRICTIONS (e.g. – diabetic, vegetarian, etc):

\_\_\_\_\_

\_\_\_\_\_

Do you have medical training?\* Yes  No

Please specify: \_\_\_\_\_

*\*This information is for staff notification in an emergency only.*

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# Application for Rotary-GLP Tour

## Conduct Agreement

As a volunteer representative of Cooperative for Education and Asociación COED while on a Project Tour, I agree to abide by the following standards of conduct.

- I will respect all cultural differences between Guatemala's customs and my own. If I have questions regarding whether something is culturally appropriate, I will ask a staff member before proceeding.
- I will respect all employees, volunteers, and associates of Cooperative for Education by refraining from unwanted advances. This includes but is not limited to any verbal or physical behaviors that place another party in an uncomfortable situation or could be interpreted as sexual harassment. If I experience or witness unwanted sexual advances I will report it to a Cooperative for Education employee quickly and discreetly so it can be investigated.
- If a minor is traveling with me, I will maintain the necessary awareness of said minor, ensure the minor is not distracting others during activities at schools on the tour, and ensure the minor complies with the rules and requirements in the Minor Contract of Conduct.
- I will have knowledge of the minor's location at all times during travel.
- If I have questions regarding acceptable conduct while on tour I will address my questions with a Cooperative for Education employee.

**By checking this box, I indicate that I have read and agree to this Conduct Agreement.**

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# Application for Rotary-GLP Tour

## Release of Liability

I, \_\_\_\_\_, hereby state that I am participating as a volunteer to Guatemala of my own free and voluntary will and understand the risks involved in doing so. I understand that the Project Tour is conducted by the Cooperative for Education's Guatemalan affiliate, Asociación COED.

I further agree to hold harmless and release the Cooperative for Education, Asociación COED, and all of their directors, officers, employees, volunteers, and agents from any liability due to accident, illness, injury, travel by air, travel by ground transportation or acts of violence that may occur. I acknowledge notification of the availability of the U.S. Department of State's Consular Information Sheet, which lists current travel conditions and warnings regarding travel to Guatemala at [http://travel.state.gov/travel/cis\\_pa\\_tw/cis/cis\\_1129.html](http://travel.state.gov/travel/cis_pa_tw/cis/cis_1129.html).

I hereby state that I am adequately medically fit for the rigors of this trip, including, without limitation, high altitude (overnight stays at 5,000-8,000ft.), climbing two flights of stairs, walking 400 yards including some inclines, and the ability to survive a flu-like illness without serious risk to my overall medical condition. I have reviewed my own medical insurance and acknowledge that it provides sufficient medical coverage for me on this trip. I further agree that if any illness, injury or bodily harm should come to me while participating as a volunteer, that neither the Cooperative for Education nor Asociación COED is financially responsible in any way for medical care, transportation or any other costs that should arise.

I authorize the staff of the Cooperative for Education or Asociación COED to obtain emergency medical treatment under the supervision of a physician and/or surgeon, should treatment be necessary. I release the Cooperative for Education, Asociación COED, and all of their directors, officers, employees, volunteers, and agents from any claim whatsoever which arises on account of the obtaining of emergency medical treatment, or any administration of first aid, treatment, or service rendered in connection with my activities with the Cooperative for Education or Asociación COED.

I authorize the Cooperative for Education and Asociación COED to release any photos or news about my experience in Guatemala.

This Release of Liability shall be effective for all orientation meetings, and for the entire duration of the trip, including passage to and from Guatemala.

**By checking this box, I indicate that I have read and agree to this Release of Liability and that I have personally completed this application.**

**By checking this box, I acknowledge that I thoroughly read and hereby agree to all Cooperative for Education and Asociación COED's terms and conditions, before making the program deposit. I understand everything that I have read, and I will fully abide by all of Cooperative for Education and Asociación COED's terms and conditions.**

Participant Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Participant Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

\*Not required for electronic applicants, who legally sign this Release of Liability by checking the boxes above.

# Checklist for Rotary-GLP Tour

## (Keep for your reference)

Thanks for your interest in joining us for this fun and worthwhile experience. Please use this checklist as a helpful guide as you prepare for the GLP Tour.

**Mail your application, deposit & optional photo**

Please complete and mail all three pages of the application to Cooperative for Education. Please include a **US\$200** non-refundable deposit check payable to "Cooperative for Education" OR pay online at [www.cooperativeforeducation.org/tours](http://www.cooperativeforeducation.org/tours); choose "Pay for a Tour" on the left. Help us greet you in Guatemala by providing a photo of yourself—any photo will do! A digital image emailed to [leslie@coeduc.org](mailto:leslie@coeduc.org) is preferable, but you can include a print with your application. (Note: Sending a photo is optional & is not required to apply for the tour.)

**Wait for confirmation**

You will receive a confirmation that your spot has been reserved on the tour. If you do not receive this confirmation within 2 weeks of submitting your application, please email [leslie@coeduc.org](mailto:leslie@coeduc.org) to check the status of your application. Along with the confirmation, you will receive advice concerning immunizations and purchasing airfare.

**Obtain a valid passport or check your expiration**

You will need a valid passport with more than **6 months until expiration at the time of travel** to enter Guatemala. U.S. citizens should go to the State Department website at [www.travel.state.gov](http://www.travel.state.gov) and select passport services from the menu. Allow several months for processing.

**Purchase airfare**

Congratulations! Your trip is confirmed! Now it's time to purchase a plane ticket to Guatemala City (GUA). There are resources to assist you in finding lower-priced airfares at [www.cooperativeforeducation.org/tours/airfare.html](http://www.cooperativeforeducation.org/tours/airfare.html). You should arrive in Guatemala anytime on **Friday, February 3** and depart anytime on **Sunday, February 12**. (Note: Your Sunday morning departure will likely be from Antigua, a one hour drive from the Guatemala City airport. If you prefer to avoid a pre-dawn departure, please book your return flight accordingly.) **Please do not attempt to fly standby.**

**Send us your flight itinerary**

Please send your flight itinerary to CoEd as soon as possible, or by **January 1** at the latest. Please include airline, flight number and time for all flights (including connections) so we can make arrangements for your transportation from/to the Guatemala City airport.

**Get your immunizations**

Although no vaccinations are required for legal entry to Guatemala, the Centers for Disease Control (CDC) recommend vaccinations for **Hepatitis A, Typhoid** and any needed **booster shots** for routine immunizations (tetanus-diphtheria, measles-mumps-rubella, and/or polio). Vaccinations should be obtained 6-8 weeks before the trip for maximum effectiveness. Malaria medications should not be necessary as we travel out of malaria-carrying mosquito range.

**Decide if you will extend your stay**

Many participants wish to extend their time in Guatemala to see even more of the beautiful country. For assistance with travel outside the tour, please visit our website at [www.cooperativeforeducation.org/tours/travelagents.html](http://www.cooperativeforeducation.org/tours/travelagents.html) for a list of Guatemalan travel agencies. If you are arriving before the tour or staying after and need extra nights in Guatemala City, CoEd can make the arrangements for you. Please send your request to [leslie@coeduc.org](mailto:leslie@coeduc.org) by **January 1**.

**Send us your final payment**

Please submit the balance of your payment to the CoEd office by **January 1**. If you are sharing a room, the balance will be US\$1,575/person (for a total of US\$1,775, including the deposit). If you are not sharing a room, the balance will be US\$1,675 (for a total of US\$1,875, including the deposit). To pay online, go to [www.cooperativeforeducation.org/tours](http://www.cooperativeforeducation.org/tours) and choose "Pay for a Tour" on the left.

**More information is on its way...**

In December you will receive a packet including a basic itinerary, packing advice, background on Guatemala, & other helpful information for your trip.

**If you have any questions, contact Leslie Jenkins Reed: [leslie@coeduc.org](mailto:leslie@coeduc.org), (513) 661-7000, x. 115.**

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