

## Medical & Eye Mission

### Dominican Republic

Friday, January, -28- Thursday, February 3, 2022

#### TENTATIVE SCHEDULE

The team will be serving Luperon, Dominican Republic as well as remote areas within driving distance of Luperon.

#### **EARNING OPPORTUNITIES**

o Pie Event — Event After Worship Service at Hollowell on Sunday, November \_\_\_\_\_

#### PAYMENT DATES

- o September 29, 2021 Application and \$300 due
- o January 12, 2022— Final Payment is Due

The total cost is \$1,100. This is all-inclusive for mission's trip expenses (including airport food) unless you choose to purchase something such as souvenirs or snacks with extra cost. This price could change based on cost of airfare. We will communicate as we look at tickets if there would be any change.

(Please send all remaining payments to Pastor Kelsey Lougheed. Make checks payable to Hollowell Church. 14807 Hollowell Church Road, Waynesboro, PA 17268)

#### MISSIONS TRAINING - PLAN To ATTEND

o Date- TBD at Hollowell Church

#### **PACKING LIST**

- o Clothing- Modest shirts & shorts, skirts, pants (consider warm weather)
- o Dress Clothes for church- nice outfit, does not need to be very formal
- o Hollowell Church T-Shirt (Will be provided to you)
- o Swimwear
- o Comfortable Shoes (sneakers, sandals/flip flops) A few simple snacks (granola bars, peanuts, etc.)
- Bible

- Toiletries
- Prescription Medications
- o Over-the-counter medications o Sunscreen
- o Insect repellent
- o Photo ID
- o Passport
- \*No need for electronic outlet converters

Climate Information -Temperatures are typically between 70 — 85 deg. F. in January. The relative humidity can be mild very humid.

You are welcome to bring small items for kids. Everything must fit in your baggage. You are responsible for any baggage fees for your personal bags. If you carry a bag of supplies, the church will cover the cost of the baggage fees.

PACKING YOUR CARRY-ON (9" x 14" x 22") \*airline reserves right to put a carry-on bag in checked baggage at time of boarding.

- o Pack all your valuables (camera, laptop, money etc.) in your carry-on.
- Put all your electronics (laptop, iPod, phone, etc.) in an easy-to-grab location, as you will have to take them out during security screening and it will be a quicker and easier process if they are in one spot, easy to grab, and easy to put away.
- Bring an empty (not full!) water bottle with you if you desire.
- Bring any toiletries in a clear quart-sized Ziplock bag that's also in an easy to-grab location. Do not bring any liquids more than 3.40z/1 quart. Do not bring any aerosol sprays.
- o We recommend bringing gum (to unblock your ears), Chapstick (as plane air dries your lips out), and ear plugs (if you plan to sleep). Any medications, prescription or over-thecounter, must be in their original container or package.
- o Pack a change of clothes in your carry-on in case your checked baggage doesn't make it at the same time you do.

#### THINGS NOT TO PACK IN YOUR CARRY-ON

- o Liquids and toiletries, you do not need immediately (or that are bigger than the allowed size).
- o Umbrellas, knives, forks, spoons, drinks, open or fresh food, needles, lighters, razors, nail clippers, scissors, aerosol sprays, etc.

#### THINGS TO REMEMBER

 Mosquitos in the D.R. can carry Zika, Chickaguna, Malaria, or other mosquito borne illnesses o Highly Recommended — Sawyer Permethrin Insect Repellent Treatment for

Clothing Gear and Tents o Consider purchasing and taking a mosquito net o Insect repellant o Minor Traveling Without Parents — Minors may be able to travel to another country without either one of their parents. We ask for a notarized written consent letter from both parents. If this applies to you, please let us know.

o Medications and Vaccines — go to <a href="https://wwwnc.cdc.gov/travel">https://wwwnc.cdc.gov/travel</a> - Select Dominican Republic and read information on suggested Medications and Vaccines. o All Travelers — Routine Vaccinations (i.e. Tetanus) o Most Travelers — Hepatitis A and Typhoid Vaccines o Most Travelers — Hepatitis B and Malaria Vaccines/Medications o Will monitor any recommendations for COVID-19.

## Dominican Republic

#### **Short Term Missions Form**

Medical Mission, January 28-February 3, 2022

#### **INSTRUCTIONS:**

- 1. Complete the Application Form.
- 2. Attach a colored copy of your passport (including photo with passport information) to the form.
- 3. Submit your form to Pastor Brian by August 3 1, 2020. 14807 Hollowell Church Rd, Waynesboro, PA 17268
- 4. Attach a deposit of \$300 to the form (make checks payable to Hollowell BIC Church) to secure your spot on the flight.

#### PLEASE NOTE:

SPONSORSHIP: Everyone accepted to the team or to go alone will be responsible to raise the needed support for the trip. Notice that fundraising opportunities that will be provided.

# GENERAL INFORMATION:

(Please print Name (as printed o	on passport) 		
Address			
City	State	Zip Code	
Home Phone	Cell	Phone	
Email Address			
Age Male or Female?			
Citizen of what country?			
Pagamant#			

Expiration	on date of passport	
Date of I		Marital Status
T-Shirt S	Size	
informat	e of you who do not have a passpo tion later. UAL INFORMATION:	ort now, you must apply for it and send us the
1.H	lave you participated in any Missi a. If yes, When?	on Trip? () Yes, () No.
	b. Where?	
	c. Name of group or church	
2. W	hat ministries are you involved w	/ith at your church?
y	Oo you serve in any volunteer/lead yes, please explain What do you think your gifts are?	dership role in any ministry or outside the church? If
	Describe how and when you came	to know the Lord.
_		
- 6. F	Please explain briefly why you wa	ant to participate in this mission trip:
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_		

WORK EXPERIENCE/TALENTS:

1.	Please list any specific talents that you have (construction, plumbing, drama, singing, instruments, puppets, medical, teaching, etc.)
2.	What do you see as your strongest character quality and why?
3.	What do you see as your weakest character quality and why'?
HEAL	TH INFORMATION:
1 . Do	you have or have you ever had:
() Fai	nting Spells ( ) Heart Problems ( ) Diabetes ( ) Seizures
() Eat	ing Disorder ( ) Respirator problems ( ) Frequent and/ or severe headaches
() Nei	rvous Breakdown ( ) Mental Problems ( ) Asthma ( ) Allergies
( ) Hea	aring Difficulties ( ) High/Low blood pressure ( ) Breathing Problems
() Dig	gestion Problems ( ) Back or neck Problems ( )
Others	If yes, please explain:
2. Do	you have any chronic illnesses or allergies? ( ) Yes ( )
No.	
3. Doe	es your health insurance cover you overseas?
	Traveler's insurance will be purchased for the group, and this will cover you overseas.)
4. Hov	w would you describe your health and fitness?
() Exc	cellent ( ) Good ( ) Average ( )Needs work.

PERSONAL INFORMATION:

1. What are your personal expectations for this mission opportunity?		
	_	
EMERGENCY NUM	BERS:	
Name	Relationship to you	
Address		
Phone#:		
Day 	Night	
Name	Relationship to you	
Address		
Phone#:		
Day	Night	
	medical mission team that will be serving in the Dominican Republic 21 and will seek to serve as an example of a follower of God.	
Signature	Date:	