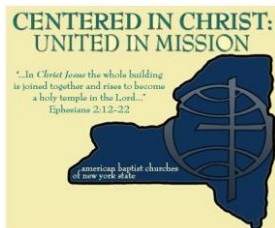


American Baptist Churches of Pennsylvania and Delaware



Nicaragua Mission Trip: July 13-21, 2019

Part 1: Mission Trip Application:

Please Make Checks Payable to ABCOPAD

Estimated Cost: \$2,000*

***Cost May Vary Due to Airfare**

\$500 Deposit Due April 28, 2019

Second Payment of \$750 Due May 19, 2019

Final Payment of \$750 Due By June 16, 2019

Name: _____ Phone: _____

Address: _____ Work Phone: _____

City, State, Zip: _____ Cell Phone: _____

Date of Birth: _____ Age: _____ Sex: _____ E-mail: _____

Occupation: _____

Construction Skills: _____ Association: _____

Church Name: _____ Phone: _____

Church Address: _____

I Would be Willing to Lead Devotions with the Group: _____ Yes _____ No
(Leading Devotions is Voluntary.)

Why Have You Decided to Participate in This Mission Trip?

Please Briefly Describe Your Spiritual Journey?

How Do you Plan to Share this Experience with Family and Friends?

Part 2: Emergency Contact Information:

Family Doctor: _____

Telephone: _____

List Any Health Issues or Special Needs Regarding Meals, Transportation, Housing, etc. _____

List Any Allergies: _____

List Any Food Allergies or Concerns: _____

List All Medications: _____

Does Your Medication Need Refrigeration?

_____ Yes

_____ No

Insurance Carrier: _____

Policy #: _____

Insurance Carrier's Telephone: _____

(Make Sure Your Policy Covers You Overseas)

Emergency Contact: _____

Relationship: _____

Telephone: _____

Email: _____

If you have a history of seizures, heart disease, respiratory problems, diabetes, if you are recovering from recent surgery, or if you have any other chronic medical conditions, you may want to reconsider. Conditions in Nicaragua are difficult. There may not be any medical care other than what you and the other members of your team can provide.

Please make a copy of the **Identification Pages** of your Passport
(the 2 pages with your picture and passport #) and return them with this registration packet.

**Please Return to Nicaragua Mission Trip; 159 N. Bellefield Avenue; Pittsburgh, PA 15213
Phone: 1-888-687-0883 or 412-687-3940/dveselicky@abcpad.com**

Part 3: Volunteer Request and Release:

I hereby request permission to assist, as a volunteer worker, in the charitable and religious work of the American Baptist Churches of Pennsylvania and Delaware (ABCOPAD) and International Ministries/American Baptist Foreign Mission Society (the Society), a non-profit organization. I understand that in rendering such volunteer assistance in the work I shall under no circumstances be deemed an employee for any purpose.

In consideration of the grant by ABCOPAD and the Society, of the permission I hereby request, I agree that I shall perform such volunteer work at my own risk.

I, for and in consideration of being permitted to participate in the mission of ABCOPAD and of the Society as a volunteer, and other valuable consideration received from ABCOPAD and the Society, the receipt of which I hereby acknowledge, hereby waive, release, and forever discharge ABCOPAD and the Society, of and from all manner of actions, causes of action, suits, debts, covenants, contracts, agreements, promises, claims and demands whatsoever, which I have, or which my personal representative, successor, heir or assign, can or may have, against said ABCOPAD and the Society, by reason of or related in any way to my participation in the mission sponsored by ABCOPAD and the Society.

I agree to indemnify ABCOPAD and the Society from all liabilities arising in favor of third parties resulting from my conduct while serving as a volunteer on a mission, preparing for a mission, or traveling to or from the location of a mission.

I also waive any right to assert any claim against ABCOPAD and the Society or its agents with respect to work performed or any injury, illness or loss which I or any minor child or other person who is dependent on me may sustain in the course of, or which arises out of, such volunteer work or such accompaniment. I waive any such claim both for myself and for any such minor child or other dependent person.

I understand that the Society provides travel accident insurance that provides accidental death and dismemberment benefits with a principal sum of \$25,000, a medical evacuation benefit covering up to \$100,000, and accident medical treatment benefits of up to \$5,000 for accidental injury occurring from service by approved volunteers and persons, such as spouses, minor children or others, who accompany such volunteers.

I agree to be liable for any expenses that exceed the original cost, including but not limited to early return expenses, uninsured medical expenses and emergency evacuation.

I have reviewed and signed the ABCOPAD and the Society International Volunteer Health Risks and Responsibilities and the Volunteer Request and Release forms. I have read these documents thoroughly and agree to all their terms. I have had an opportunity to consult with an attorney before signing them.

I support the mission of International Ministries to "glorify God in all the earth by crossing cultural boundaries to make disciples of Jesus Christ."

I have read, understood, and agree to abide by all the statements on this application and have provided truthful accurate information in response to the questions, to the best of my knowledge.

Signature: _____ Date: _____

Signature: _____ Date: _____
Parent/Legal Guardian

Part 4: Health Risks and Responsibilities:

Please read the following carefully.

There are risks and responsibilities you assume when you volunteer. I have discussed with my team leader/missionary/host partner/agency the health care responsibilities I will have and the health care risks I may face.

I understand that certain dangers that result from my travel in the pursuit of voluntary mission service are unforeseeable, such as illnesses without access to adequate medical facilities for treatment, political unrest that may result in injury, imprisonment or death. Accidents may occur with no advance warning. Hostilities may result in my being held hostage, or being stranded and not being able to return to home. I understand that this list of dangers is not comprehensive.

I understand that the dangers are beyond the control of ABCOPAD, the Society and/or international partner and host churches, but I still want to volunteer my services. I recognize that ABCOPAD and the Society's policies prohibit it from intervening on my behalf should any calamity arise. I recognize that ABCOPAD and the Society will not pay any amount to remedy my situation, including the payment of ransom or bribes.

I recognize most United States insurance policies do not cover me outside the United States and that I am responsible for securing medical insurance to cover my activities on the trip beyond the minimal travel insurance policy secured through the Society.

I understand that traveling, living, and working abroad may present health risks through illness or accident greater than those I may encounter in the United States. I know that access to effective medical care may be difficult abroad. I assume the responsibility to familiarize myself and talk with my personal physician regarding the risks attendant upon traveling, living, and working in the areas to which I will be going.

I also understand that I must take reasonable steps to minimize foreseeable risks to my health, and that of others, by taking necessary precautions before and while traveling, living and working abroad. I will adhere to the health and safety practices, policies and precautions in any mission community that I join or visit.

I realize that there are health risks, which can be encountered overseas including, among others, the risk of contracting Chikungunya, Hepatitis and Acquired Immune Deficiency Syndrome (AIDS). I am aware that AIDS can be contracted through bodily fluids. I understand that in some countries, tests for the presence of AIDS antibodies are mandatory for all foreigners-before, during or at the close of their stay. I understand that a foreign government may condition entrance to, visitation in or departure from a country upon the satisfactory results of such medical tests. I will cooperate with ABCOPAD and the Society and comply with any such governmental condition or requirement. I understand that various inoculations and vaccinations may be required or advisable prior to traveling to the country or countries where the mission to whom I am assigned is located. I acknowledge that it is my responsibility to determine which inoculations and vaccinations are required and I have received all such required treatments.

If my spouse or any minor child or other person who is my dependent is accompanying me, I understand that I will be responsible for the health care of such person. I acknowledge that I have considered and discussed with each such person the health needs of and health risks to them and, if appropriate, to others, in accordance with the foregoing. With respect to any such person, I will comply with the requirements set out above, and I will use my best efforts to have such person comply with those requirements.

Signature: _____ Date: _____

Signature: _____ Date: _____

Parent/Legal Guardian

Please Return to Nicaragua Mission Trip; ABCOPAD; 159 N. Bellefield Avenue; Pittsburgh, PA 15213

Phone: 1-888-687-0883 or 412-687-3940/dveselicky@abcopad.com

Part V: International Travel Authorization (Required if Under the Age of 21)

We/I (Parent/Legal Guardian's Name) _____

of (Address) _____

are parents/legal guardians of (Name of Minor) _____, a

minor child, who resides with us at the address set forth above. We/I hereby authorize the

minor to travel in Nicaragua during the dates of July 13-21, 2019, with the American Baptist

Churches of Pennsylvania and Delaware.

Parent/Gardian Signature: _____ Date: _____

Parent/Gardian Signature: _____ Date: _____

Note: In the case of two parent families (including the situation where the parents are divorced and share legal custody) or joint legal guardians, BOTH parents or legal guardians must sign this form and have it notarized. In the case of single parent families and a single legal guardian, the sole parent/legal guardian may sign.

Notary:

State of _____ Parish/County of _____

On this _____ day of _____, _____ (year), before me personally

appeared _____ to me known to be the same person described in and who executed the within instrument, and who acknowledged the same to be the free act and deed thereof.

In Testimony Whereof, I have hereunto subscribed my name and affixed my official seal on the day and year above written.

Notary Public: _____ My Commission Expires: _____

Please Return to

Nicaragua Mission Trip; ABCOPAD; 159 N. Bellefield Avenue; Pittsburgh, PA 15213

Phone: 1-888-687-0883 or 412-687-3940/dveselicky@abcpad.com



International Ministries

MEDICAL RELEASE FOR VOLUNTEER SERVICE

It is very important that each volunteer be physically able to serve in their respective country of service, and to fully disclose any medical conditions so that the hosting partner/missionary can be prepared in the event of an emergency. This information will be kept confidential, held by International Ministries, and given only to the hosting facility.

Name: _____
Last First Middle

Address: _____

Phone #: _____ Date of Birth: _____ (Month / Day / Year)

Location of Volunteer Service: _____

Assignment (description of service): _____

1. Any known disease or disability? _____ YES _____ NO
If yes, give details and explain how this might or might not affect your international assignment.

2. Any regular medication needed? _____ YES _____ NO

If yes, complete the following...

- a) List medication(s), form (liquid, tablet, injection, etc.) and if refrigeration is needed.

Please continue list on another sheet if necessary

- b) If you cannot take a large enough supply to last the duration of your international service, what provisions have you to get more?

3. Please list any dietary restrictions you have:

4. Please list any allergies that you have – (ie, food, medicine, animal, environmental).

PHYSICIAN'S STATEMENT

I am aware of this applicant's desire to serve in _____ and certify that to the best of my knowledge, the applicant's medical conditions have been fully disclosed. It is my opinion that this applicant is physically able to serve in _____.

Physician's name (Print) _____

Physician's signature _____

Address _____ Office Phone _____

INSURANCE INFORMATION:

Insurance Company: _____ Policy or Group #: _____

Insurance Company Phone Number: _____

EMERGENCY CONTACT: In case of an emergency, who should be contacted on your behalf?

Name _____ Relationship to you _____ Phone _____

Name _____ Relationship to you _____ Phone _____

In the event of a medical emergency resulting in my (and my spouse, if accompanying me on the mission) being incapacitated and not competent to make responsible decisions concerning my medical treatment, I hereby authorize those responsible for overseeing the mission in which I am serving to take me to the nearest licensed physician, medical center or hospital, and to secure necessary treatment (medications, injections, anesthesia or surgery) to protect my well being. I will be responsible for all medical costs not covered by my insurance.

In the event of a medical emergency involving my spouse or my or our dependent who is accompanying me on the mission in which I am serving, which occurs while I (and, if applicable, my spouse) is incapacitated and not competent to make responsible decisions concerning the medical treatment of my spouse or any such dependent, I hereby authorize those responsible for overseeing the mission to take my spouse or dependent to the nearest licensed physician, medical center or hospital, and to secure necessary treatment (medications, injections, anesthesia or surgery) to protect the well being of my spouse or dependent. I will be responsible for all medical costs not covered by any applicable insurance.

Signature _____ Date: _____

Print Name: _____

This form should also be signed below by the volunteer's spouse, as well as any non-minor dependent, that is accompanying the volunteer on the mission.

Signature _____ Date: _____

Print Name: _____

Signature _____ Date: _____

Print Name: _____

AMOS Medical Form

Delegations & Volunteer Programs



Section I - Medical Release

If a medical emergency should arise, I, _____, hereby give permission to a qualified medical physician and/or hospital to provide the appropriate care and to administer any emergency medical treatment, which may be required for me. I also hereby give such medical personnel and/or hospital my permission to any necessary examination, anesthesia, medical diagnosis, treatment and/or hospital care to me.

I understand AMOS Health and Hope and any representatives or missionaries cannot assume responsibility for medical expenses for me and I agree to bear such responsibility and pay any such expenses incurred with respect to such medical emergency.

Health Insurance Company: _____ Policy #: _____

Contact Person: _____ Phone #: (____) ____ - _____

Emergency Contact (Family Member or Friend): _____

Phone #: (____) ____ - _____ Business Address Phone #: (____) ____ - _____

Home Address: _____

In case of emergency, I understand every effort will be made to contact the person(s) I have named on this form. In the event of an emergency and they cannot be reached, I hereby give permission to the medical personnel selected by the AMOS Staff to hospitalize, secure proper treatment for, and to order injection, and/or anesthesia and/or surgery for myself/ (my child) as named above.

Signature: _____

Date: _____

Signature of Parent (if under 18 years old): _____

Date: _____

Section II - Health History

Please list any pertinent information concerning physical, psychiatric or behavioral conditions?

Allergies (including medicines): _____

Have you been hospitalized or had outpatient surgery in the past two years? ☐ Yes ☐ No

If yes please explain: _____

Have you had any psychological counseling or hospitalization? ☐ Yes ☐ No

If yes please explain: _____

If taking medications: Any participant over 18 years of age can store and administer their own medications. Please be sure all medications are kept secure in your own belongings and are not accessible to other participants. If under 18, participant's guardian must communicate plan for administering medications.

Are you taking any medications on a routine basis? ☐ Yes ☐ No

Please list medication and reason for taking: _____

Chronic Health Concerns: Check all that pertain to you and provide information about supportive healthcare. Completion of this section is voluntary, yet helpful to healthcare staff.

Do you have chronic health concerns? ☐ Yes ☐ No If yes, please check all concerns that apply:

- | | | |
|--|---|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Headaches, Migraines | <input type="checkbox"/> Sleep problems |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Difficulty breathing | <input type="checkbox"/> Dysmenorrhea |
| <input type="checkbox"/> Fainting | <input type="checkbox"/> Surgical history | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Back pain or injury | <input type="checkbox"/> Knee or ankle weakness | Other: _____ |

Have you been in countries other than the United States in the past nine months? ☐ Yes ☐ No

If yes, list the countries and the time spent in them.

Country: _____ Dates: _____

Country: _____ Dates: _____

Country: _____ Dates: _____

I confirm that this health history is correct, to the best of my knowledge. I am capable of performing the essential functions of the program. I understand my health information will be available to AMOS staff in providing care for me.

Signature of Participant: _____ Date: _____

Signature of Parent (if under 18 years old): _____ Date: _____

If you have listed any Chronic Health Concerns or are concerned about your medical, physical or emotional wellbeing, we strongly recommended that you consult a Physician and complete Section III before participating in AMOS' Delegations/Volunteer Program. It is your responsibility to determine if you are able to undertake these activities.

SECTION III - PHYSICIAN'S STATEMENT AND CLEARANCE FORM

I hereby give my physician permission to release any pertinent medical information from any medical records to the AMOS staff for consideration of acceptance into AMOS' Delegations/Volunteer Program. All information will be kept confidential.

Patient's signature: _____ Date: _____

Information requested for: _____ (please clearly print your name)

Reason for requesting medical clearance: _____

Physician's name: _____ Phone #: (____) ____ - _____

Address: _____

FOR PHYSICIAN'S USE ONLY

Please check one of the following statements:

☐ I concur with my patient's participation in AMOS' Delegations/Volunteer Program (that could involve strenuous physical activity) with no restrictions.

☐ I concur with my patient's participation in AMOS' Delegations/Volunteer Program if he/she restricts activity to:

☐ I do not concur with my patient's participation in AMOS' Delegations/ Volunteer Program

(If this item is checked your patient will not be allowed to participate).

Reason: _____

Physician's signature: _____ Date: _____

AMOS Participant Waiver

Delegations & Volunteer Programs



Effective Date: ____/____/____

Participant Name: _____

Birthdate: ____/____/____

Address: _____

Phone #: (____) ____ - _____

Email Address: _____

Organization: AMOS Health & Hope

Nicaragua Office: Km 9 ½ Carretera

Vieja Leon Del Cementerio de Nejapa

1800 m al noreste Managua, Nicaragua

Nicaragua Phone #: 011.505.2271.2933

Email Address:

volunteer.coordinator@amoshealth.org

delegations@amoshealth.org

I, the above listed Participant, desire to work as a volunteer for the Organization (AMOS Health & Hope) and engage in the activities related to being a volunteer for a work project within AMOS' Delegations/Volunteer Program

I hereby voluntarily, execute this AMOS Participant Waiver under the following terms:

I, the Participant, release and hold harmless the Organization and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from my participation with the Organization.

I understand that this Waiver discharges the Organization from any liability or claim that I, the Participant, may have against the Organization with respect to bodily injury, personal injury, illness, death, or property damage that may result from my participation on the Organization's work site. I also fully understand that the Organization does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance, in the event of injury, illness, death or property damage.

I, the Participant, understand that I expressly waive any such claim for compensation or liability on the part of the Organization beyond what may be offered freely by the representative of the Organization in the event of such injury or medical expense.

I hereby release the Organization from any claim whatsoever which arises or may arise in the future on account of any first aid treatment or other medical services that are conducted in connection with an emergency during my time with the Organization.

I understand that my time with AMOS Health & Hope may include various activities that may be hazardous to me and I hereby expressly and specifically assume the risk of injury or harm in these activities and release the Organization from all liability for injury, illness, death, or property damage resulting from the activities of my time with the Organization.

I acknowledge that the list of dangerous potentials during my time at AMOS may include, but not limited to: contact with poisonous or disease-carrying animals, including mosquito-transmitted tropical diseases, slipping or falling during hiking and/or crossing rivers, scrapes or cuts from barbwire fences/thorns, exposure to extreme heat and risk for dehydration, and potential for car accidents or natural disasters.

I grant unto the Organization all right, title, and interest in any and all photographic images and video or audio recordings that are made by the Organization during my work with the Organization, including, but not limited to, any royalties, proceeds, or other benefits that are derived from such photographs or recordings.

I expressly agree that this Waiver is intended to be as broad and inclusive as permitted by the laws of Pennsylvania and that this Waiver shall be governed by and interpreted in accordance with the laws of Pennsylvania agree that in the event that any clause or provision of this Waiver shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Waiver which shall continue to enforceable.

Signature of Participant: _____ Date: _____

Signature of Parent (if under 18 years old): _____ Date: _____

Notarization of AMOS Participant Waiver Form:

State of: _____

Country of: _____

On this _____ day of _____, 20____, before me, _____,

personally appeared _____ to me known to be the same person described in
and who executed the within instrument, and who acknowledged the same to be the free act and deed thereof.

Notary Public (Official Signature)

Commission Expires



Delegation Member Code of Conduct

Delegations Objective

The objective of AMOS Delegations is to provide opportunities for people to use their skills, faith and abilities in Christian service alongside national leaders and missionaries in ministries with similar values, partnering with them in the long-term goals and vision for their communities.

Delegations Code of Conduct

As you prepare for your mission trip, please remember that the person best equipped to minister in a cross-cultural setting is the person who is spiritually prepared, so preparation for your trip is required. No matter what task you will be undertaking, the Christ-like attitudes of a learner and a servant are some of the most important assets you can have. This humble attitude will help you to minister and to be ministered to in the name of Christ. It will also help you to be flexible as you face cultural challenges and language barriers. During your mission trip, we challenge you to strive to be an encouragement and a testimony to your fellow team members as well as to all people with whom you will come in contact.

To further ensure a successful trip that will (1) maintain a God-honoring standard for the team (2) portray a proper testimony to all people impacted by the team, and (3) have a vital impact on each team member, your senders, and the community in which you minister, AMOS has established the following guidelines:

Each team member is expected to and must agree to:

- Be willing and prepared to exhibit a **servant's attitude** at all times
- Be willing to be **flexible** in all types of circumstances
- Be willing to **fully submit** to team and/or host site leadership, seeking to promote an attitude of unity, cooperation and respect for those in leadership
- Be willing to live, sleep, travel, eat and work **as part of the group**, in conditions that may be less than ideal
- Be willing to **accomplish** whatever task is assigned whether on the job-site, in the kitchen, or while traveling
- Be willing to **dress** by the standards which are appropriate for the culture, seeking to never be a distraction or bring offense by what is worn
- Be willing to **abstain from conduct**, as a request by team and missionary leaders, which might be offensive to others or may be contrary to a clear testimony for Jesus Christ. In particular, team members will be asked to refrain from using tobacco, alcoholic beverages, offensive language or abusive drugs, and must agree to keep conduct with the opposite sex at the highest standards of respect, modesty and morality, as well as anything else that would negatively impact the witness of the local host/Christian Community at any time, including while traveling to and from the host site
- **Show Respect** for those on the team and at the host location who may have doctrinal beliefs and practices different from your own, understanding that the doctrinal beliefs and practices of the host will be what is held as the standard while serving on location.

By providing my signature or returning this form via email, on the lines below, I, _____
agree to fully abide by the above stated Code of Conduct. *please print first & last names*

Participant's signature

Date

Travel Preparations for Nicaragua

Visit and consult with your health care provider at least 6 WEEKS before your date of departure to begin obtaining your vaccinations and medicines. Please reference the Center for Disease Control recommendations for traveling to Nicaragua ([cdc.gov](https://www.cdc.gov)). While no vaccinations or medicines are required for entry into Nicaragua, you might consider updates for tetanus, typhoid, Hepatitis A, Hepatitis B, and malaria medicine. Present these suggestions to your personal physician and ask for his or her professional advice for your individual needs.

Vaccinations

Make three copies of your passport picture page, immunization records, and any medications you are taking. One copy of each needs to be left with a trusted person in the states, one copy of each needs to be given to the team leader, and one copy of each needs to be kept with you while in Nicaragua.

Important Documents

We recommend you purchase international travel insurance in case of an emergency while you are traveling in Nicaragua. If you don't have overseas health insurance, please get in touch with an insurance company. We recommend Volunteers in Global Mission, International Ministries, 1-800-222-3872 ext. 2366 or via email at bimvolunteers@abc-usa.org

Travel Insurance

Place your prescription medications in your carry-on bag and NOT in your checked bag.

Prescription Medication

At AMOS, there will be safe food and drink available for you throughout your entire trip. We highly recommend NOT drinking tap water while in Nicaragua, therefore AMOS provides safe, filtered water. We also recommend ONLY eating food prepared by AMOS cooks, sealed in a safe package, or prepared by cooks in a quality AMOS recommended restaurant. Consuming fruits, vegetables, drinks, or food found or sold outside of a monitored environment has a high risk of contamination, causing sickness. **Do not eat or drink anything sold on the side of the road or in the market.** ***If you are uncertain it is best to ask your delegation coordinator.*

Food and Beverages

Not only are mosquitos annoying, but they also have a risk of carrying disease. To prevent the risk of disease or sickness it is important to minimize the risk of being bitten. Wearing long sleeve shirts, pants, and hats help prevent bites. Use generous amounts of insect repellent that contains DEET. We also recommend you use a mosquito net at night.

Mosquitos

- Do NOT touch or pick up animals.
- Do NOT walk around barefoot.
- Do NOT swim in any bodies of water unless pre-approved.
- Do NOT eat foods with a high risk of contamination like salad, cheese,, or other uncooked items unless prepared by AMOS staff. ***If you are uncertain it is best to ask your delegation coordinator.*
- Do NOT share food or beverages.
- Do NOT put your fingers in your mouth.
- Wash your hands frequently with soap and water especially before you eat and after you use the bathroom. Also, use hand sanitizer frequently.

Tips to Avoid Sickness:

Your personal belongings for the trip to the rural community need to fit in **one small suitcase** and **one personal item**, like a backpack. When in the rural community you may leave the rest of your luggage at the AMOS guesthouse until you return. If you need to wash a load of clothing at AMOS it is \$2 to wash and \$2 to dry. Please bring the necessary items so you will be prepared, but it is important not to bring excess. After your trip feel free to leave any items to donate towards AMOS. **Nicaraguan Climate** - The tropical climate is very hot and humid in the daytime and sometimes cool in the evenings. Each community's environment and temperature varies depending on the location. Check with your group leader about which is the climate of the community you are visiting.

CLOTHING

- ☐ **Shoes** (1) Closed toed/comfortable for walking and hard work
- ☐ **Sandals** (1) for bathing and walking around in the guesthouse
- ☐ **Rain boots** (1) Check with your group leader to see if necessary. Can be purchased in Nicaragua for approximately \$15
- ☐ **Socks** (1 pair per day) Tall socks are helpful when wearing rain boots
- ☐ **Underwear** (1 per day)
- ☐ **Long pants** (3-4) for working and hiking. Lightweight synthetic material or pants that zip off into shorts will help to keep you cooler on hot days and help to guard against mosquito bites.
- ☐ **Shorts** (2) Need to be knee length. For working and hiking if pants are too hot
- ☐ **T-shirts** (1 per day) lightweight, synthetic, quick drying (Cotton shirts are okay but will not dry as fast)
- ☐ **Clothes for Sleeping** (1) light weight
- ☐ **Lightweight Jacket** (1) Only needed if going to a community with cooler temperatures at night.
- ☐ **Raincoat** (1)
- ☐ **Swim Suit** (1) for bathing or planned recreational activities (Be Modest, no bikinis)
- ☐ **Dress Clothes** (1) Men (Collared shirt and pants) Women (Long skirt and modest top)
- ☐ **Bandanna** (1-2) Important so you do not breath in dust on the roads while traveling in the open trucks.
- ☐ **Baseball cap or visor** (1) (Optional)

EQUIPMENT

- ☐ **Sleeping pad** (Optional) provides more comfort and padding to the cot we provide.
- ☐ **Sleeping Bag or Blanket** (Optional) it can get chilly at night in certain areas (Check with your group leader)
- ☐ **Small pillow** (Optional) AMOS provides a pillow at the guesthouse but **NOT** for the rural communities.
- ☐ **Top bed sheet** (AMOS provides bedding at the guesthouse but **NOT** in the rural communities. It can get chilly at night)
- ☐ **Bug net** (Very important) Make sure if your style of bug net needs string to hang that you bring it with you.
- ☐ **Towel** (1) AMOS provides towels at the guesthouse but **NOT** in the rural communities
- ☐ **Sunglasses**
- ☐ **Headlamp or flashlight** (with extra batteries)
- ☐ **Water bottle** (1) 32 ounce bottles are ideal)
- ☐ **Large heavy-duty trash bags** (3) for dirty clothes and keeping items dry.
- ☐ **Camera** (optional)
- ☐ **Duct tape** (optional) 1 roll for the group ought to do
- ☐ **Personal first aid kit** (ibuprofen, bandaids, anti-diarrhea, acetaminophen, anti-histamine, and hydrocortisone cream)
- ☐ **Spanish/English Dictionary**
- ☐ **Bible**
- ☐ **Notebook or Journal and pen**

PERSONAL

- ☐ **Toiletries** (Shampoo, body wash, deodorant, toothbrush, toothpaste, girl products)
- ☐ **Toilet paper** (AMOS will provide plenty of toilet paper but it can be helpful to have a personal role for emergencies)
- ☐ **Medication** (It is your responsibility to manage your medications during your time in Nicaragua)
- ☐ **Glasses or contacts** (If you wear contacts, it is wise to bring your glasses and a pair of extra contacts)
- ☐ **Sunscreen** (waterproof, SPF 30 or higher)
- ☐ **Insect repellent** - make sure that it contains DEET (VERY IMPORTANT)
- ☐ **Hand sanitizer** (small bottle)
- ☐ **Earplugs** (Very important because there are a lot of animals and people that are loud throughout the night)
- ☐ **Snacks** (We provide 3 big meals a day, but if you like to snack bring some granola bars or other small items)
- ☐ **Spending money** for souvenirs, snacks, recreation activities, and any meals eaten out.

WHAT AMOS PROVIDES

- ☒ **Cot** (a one person folding bed that keeps you off the ground)
- ☒ **First Aid Kit for the team** (Basic medical supplies and medicines)

For more information contact:
delegations@amoshealth.org