

# SHINE THE LIGHT MINISTRIES - DOMINICAN REPUBLIC

*NOTE: Please keep the **Trip Information** and **Payment Information** sections of this package for your future reference. Please fill out the **Application Form** and send to our office.*

## CONTACT PERSON

Thank you for your interest in this mission trip with STLM! Please read through all information below and feel free to contact us at anytime if you have any questions. Brent and Wendy Wong - shinethelight@shaw.ca

## TENTATIVE TRIP INFORMATION \*\* subject to change due to airline availability \*\*

### SUNDAY: Travel day

**4:45AM** - Latest arrival to airport

**5:45AM** - Flight to Toronto leaves

**2:15PM** - Arrive in Puerto Plata, get settled, relax, eat supper

**8PM-9PM** - Trip briefing

### MONDAY:

**8:30AM** - Trucks pick us up at resort for work sites

**9AM-11AM** - Awareness tour

**11AM-4PM** - Work

**12PM-1PM** - Lunch

**4PM** - Finish work

**4:30PM** - Trucks pick us up at and bring us back to resort

**5PM-7PM** - Relax and get ready for evening events

**7PM-8PM** - Dinner

**8PM-9PM** - Debrief

### TUESDAY AND WEDNESDAY:

**8:30AM** - Trucks pick us up at resort for work sites

**9AM-12PM** - Work

**12PM-1PM** - Lunch

**1PM-4PM** - Work

**4PM** - Finish work

**4:30PM** - Trucks pick us up and bring us back to resort

**5PM-7PM** - Relax and get ready for evening events

**7PM-8PM** - Dinner

**8PM-9PM** - Debrief

### THURSDAY:

**8:30AM** - Trucks pick us up at resort for 'In Their Shoes' garbage dump experience

**9AM-11PM** - Garbage Dump

**11PM-12PM** - Debrief

**12PM-1PM** - Lunch

**1PM-4PM** - Visit to La Union - the Village where the garbage dump workers live

**4PM** - Finish work

**4:30PM** - Trucks pick us up at and bring us back to resort

**5PM**- Free

### FRIDAY:

**8:30AM** - Trucks pick us up at resort for visit to Ascension and Feeding Program

**9AM-11PM** - Work

**11PM-12PM** - Debrief

**12PM-1PM** - Lunch

**1PM-4PM** - Work at construction site

**4PM** - Finish work  
**4:30PM** - Trucks pick us up at and bring us back to resort  
**5PM-7PM** - Relax and get ready for evening events  
**7PM-8PM** - Dinner  
**8PM-9PM** - Debrief

**SATURDAY, FEB 5TH:**

**8:30AM** - Trucks pick us up at resort for finishing House Construction Project  
**9AM-12PM** - Construction  
**12PM- FREE!**

**SUNDAY:**

FREE MORNING!  
**1PM** - Leave for airport  
**3PM** - Flight out of POP departs for Winnipeg  
**11PM** - Land in Winnipeg

**PAYMENT INFORMATION**

**FEES** - \$2000 CAD per person (based on double occupancy)

**PAYMENT SCHEDULE** - To secure your spot, you must fill out our application form. If you are accepted into our program, a **\$800 payment is due ASAP**. A second payment must be made **6 weeks prior to departure for \$600**. This is the day we will be booking flights for Puerto Plata. The final payment of **\$600 will be due 2 weeks prior to departure**.

**WHAT YOUR FEES INCLUDE** - Round trip airfare to and from the Winnipeg Airport to our resort in the Dominican Republic. 7 nights accommodations based upon double occupancy at a resort near Puerto Plata. (TBD) All meals in the Dominican Republic. All transportation costs to and from the resort and the work sites. Tourist fees for entrance into the Dominican Republic. Interpreters. Building supplies for the projects. Local contractors to work along side the teams and help facilitate the work being done. General hosting, supervision, debriefing sessions, evening activities and security.

**WHAT YOUR FEES DO NOT INCLUDE** - Meals while traveling in Canada or in the POP airport. Trip interruption and cancellation insurance. Emergency travel insurance. Spending money.

**PAYMENT VS DONATION:**

**Definition of Direct Payment:** A Direct Payment is a payment that is made towards a participant's fees. These payments are eligible for a refund as outlined in our Refund Policy. No tax receipts will be issued for Direct Payments.

**Definition of a Donation:** A donation (from you or a 3rd party) is eligible for a Canadian donation receipt for income tax purposes. According to charity law, a donation is a voluntary transfer of property without valuable consideration to the donor; donors cannot choose the beneficiaries of their donations, and a charity must have full discretion in deciding how to allocate its funds. STLM participants are not the beneficiaries of this charitable program; they are volunteers that carry out the humanitarian work. Therefore any donations raised by a participant volunteer will be allocated, upon approval from our Board of Directors, towards a fund that subsidizes expenses (fees) of all participant volunteers (the primary criteria in subsidizing fees is the amount that volunteers respectively fundraise). What this means is that all **donations are 100% non-refundable**. In event of any cancellation, funds will instead be allocated towards other charitable programs. Tax receipts will be issued for donations of \$20 or more. Tax receipts to be issued by February 28th of the following year.

**Payment and Donation Form:** Attached to the Application is a Payment and Donation Form. The Payment and Donation Form must accompany all payments and donations sent to our office. This helps us track where money is coming from and where it is intended to go in an efficient manner. Thank you for taking the time to fill these out.

# SHINE THE LIGHT - APPLICATION FORM

Please Send Applications to: SHINE THE LIGHT MINISTRIES, 146 Provencher Blvd, Winnipeg, MB. R2H 0G3

Please fill out all of the sections of this form that apply to you. Once we receive and process your application, a welcome email will be sent to you. Applications are accepted on a first-to-apply basis.

## Section One: Personal Information

Full Name (as it appears on your passport): \_\_\_\_\_

Preferred Name if different from your passport: \_\_\_\_\_

Passport Number (required before the time of departure): \_\_\_\_\_

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

Gender: \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Home Phone: (        )        -        Work Phone: (        )        -

Cell Phone: (        )        -

Participant's Email Address: \_\_\_\_\_

*(By default, you will be signed up for our newsletters. Please check here to opt out of this opportunity )*

Parent / Guardian Name(s): (if applicable) \_\_\_\_\_

Why do you want to participant on this missions trip? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Section Two: Dietary Restrictions

STLM does their best to accommodate all dietary restrictions, although when traveling in a foreign country, sometimes this can be complicated. It is recommended to bring other food options with you if we can not always meet your requirements. Vegetarians, the types of proteins that are provided in our destinations are beans, eggs and cheese. Please outline in detail any dietary restrictions or preferences you have. Please understand that we do our best to accommodate all requests for special diets, however sometimes the options in developing countries are limited.

\_\_\_\_\_  
\_\_\_\_\_

## Section Three: Roommate Request

\_\_\_\_\_

## Section Four: Emergency Contact Information

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

Relationship to the Applicant: \_\_\_\_\_

Home Phone: (        )        -        Work Phone: (        )        -        Cell Phone: (        )        -

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

## Section Five: Medical Information

For your health and safety it is very important that you are honest with us regarding any health conditions. All health records are confidential. Also, from now until your trip starts, if your state of health changes please notify our office promptly.

Provincial Health Card #(required to attend) \_\_\_\_\_

Medical Conditions (Please check one):  Yes  None

If yes, circle all that apply. Conditions that are in bold must be accompanied with a doctor's permission note to participate

ADD / ADHD

Arthritis

Hypothyroidism

Headaches / Migraines

Asthma

**Hemophilia**

Hypotension

**Heart Disease**

IBS / Crohns

Back Injury

Hepatitis

Kidney Disease

**Depression**

Motion Sickness

Diabetes

Hypertension

**Pregnancy**

**Epilepsy**

Hypoglycemia

**Tuberculosis**

Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please explain any limitations or required treatment(s) to the above conditions:

\_\_\_\_\_  
\_\_\_\_\_

Allergies (Please check one):  Yes  No known allergies

If yes, list all known allergies in the space provided. If you have a life threatening allergy, it is recommended you carry an Epi-Pen and wear a Medic - Alert bracelet. **Please list the allergies, symptoms and treatments indicated below:**

\_\_\_\_\_  
\_\_\_\_\_

Are you currently taking any medications? (Please check one):  Yes  No If yes, list below. **Please list the name of the drug and the reason for taking the medication:**

\_\_\_\_\_  
\_\_\_\_\_

NOTE: Make sure you bring all necessary medications for the duration of the trip and have them stored in their original containers.

Suggested Immunizations: We suggest that you visit your family physician or travel clinic at least six weeks before the STLM trip to ensure all immunizations are up to date. The immunizations listed below are current at the time of editing and are subject to change. Please circle all vaccinations you have received. If you have not had the Varicella vaccine, but you have had chicken pox, you may circle that one as well. If you are not able to circle all of the above, you **must** sign one of the waivers below.

All suggested Immunizations are up to date

TD (Tetanus / Diphtheria)

MMR (Measles / Mumps / Rubella)

IPV (Polio)

Varicella (or history of Chicken Pox)

Hepatitis A

Hepatitis B

**If you are under eighteen years of age and your immunizations are incomplete, please have your parent/legal guardian sign the following waiver.**

I recognize that my child's immunizations are not up to date at this time. In the event that immunizations are not up to date by the commencement of the trip, I release Shine the Light Ministries from any lawsuit or liability claim that may come as a result of not being immunized.

Signature of Parent / Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**If you are 18 years of age or older and your immunizations are incomplete, please sign the following waiver:**

I recognize that my immunizations are not up to date at this time. In the event that immunizations are not up to date by the commencement of the trip, I release Shine the Light Ministries from any lawsuit or liability claim that may come as a result of not being immunized.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Section Six: Personal References

If you are **eighteen years** of age or older (before **January 30TH, 2011**), you are required to submit two personal references. Both references must have known you for at least two years and must not be a family member.

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_
2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Section Seven: Trip Interruption and Cancellation Insurance

Please note that Trip Interruption and Cancellation Insurance is not included or an option with STLM. Please refer to our Refund Policy for our specific requirements for refunding monies paid towards this trip. All participants who wish STLM to purchase Trip Interruption and/or Cancellation Insurance for this trip must indicate below. The for for these insurances will be above and beyond the \$2000 fee.

- I would like STLM to purchase Trip Interruption Insurance for me when booking our flights:     YES                       NO  
I would like STLM to purchase Cancellation Insurance for me when booking our flights:     YES                       NO

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Section Eight: Participant Agreements

1. I will attend all project activities.
  2. I will not leave the project site or accommodations unaccompanied or without notifying a member of STLM.
  3. I will not display any non-participatory or anti-social behavior.
  4. I understand that the use of alcohol resulting in intoxication will not be tolerated.
  5. I will not be found in possession or use of illegal drugs.
  6. I will not engage in any form of sexual misconduct.
  7. I will display an attitude of respect to the other participants and those placed in authority over me.
  8. I understand that throughout this trip, photographs and video footage may be taken of me during project activities. These videos/photos are property of STLM and may be used for promotional and/or educational purposes.
  9. In the event of outstanding payments, STLM reserves the right to cancel my participation with no refund.
- I understand and agree to all of the conditions listed above. I understand that not adhering to the above standards will result in losing the privilege of participating in this trip and I will be required to leave the program at my own expense and risk.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Parent / Guardian Consent for participants under the age of 18:

As the Parent / Guardian of \_\_\_\_\_, I agree that STLM is not responsible for my child and that minors are only allowed on trips with STLM as long as they are accompanied by one or both of their parents.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

## Section Nine: Work Experience

Please indicate below what type of work you believe you would like to do on the trip. (ie: dental, medical, teaching, building, etc...)

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## Section Ten: Refund Policy

1. Donations are NON-REFUNDABLE.
2. All requests for refund must be forwarded to STLM in writing.
3. Up to 100% of trip fees will be refunded until **three months prior to departure**.
4. Up to 50% of trip fees will be refunded until **one month prior to departure**.
5. After **2 weeks prior to departure**, no refunds will be given except for extreme circumstances such as death or severe illness/injury resulting in the individual being unable to participate. In such cases, up to 80% of trip fees may be refunded. Requests for refund must be accompanied by a death certificate or a doctor's note.
6. Trip fees cannot be forwarded towards a future trip with STLM.
7. Trip fees cannot be transferred to another participant.

I have read the above refund policy and understand it completely:

\_\_\_\_\_  
(Signature of Parent/Guardian or Participant if over 18 years old)

# SHINE THE LIGHT - PAYMENT AND DONATION FORM

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

## What type of funds are these?

**Direct Payment (non-tax receiptable)** These payments are not tax receiptable and are refundable within the trip's refund schedule (see application or invoice). In case of emergency, up to 80% of your trip's payments can be refunded at the discretion of STLM

**Donation** This is a donation (from you or a 3rd party) that is eligible for a Canadian donation receipt for income tax purposes. According to charity law, a donation is a voluntary transfer of property without valuable consideration to the donor; donors cannot choose the beneficiaries of their donations, and a charity must have full discretion in deciding how to allocate its funds. STLM Participants are not the beneficiaries of this charitable program, they are volunteers that carry out the humanitarian work. Therefore any donations raised by a participant volunteer will be allocated, upon approval from our Board of Directors, towards a fund that subsidizes expenses (fees) of all participant volunteers (the primary criteria in subsidizing fees is the amount that volunteers respectively fundraise). What this means is that all **donations are 100% non-refundable**. In event of any cancellation, funds will instead be allocated towards other charitable programs. Tax receipts will be issued for donations of \$20 or more. Tax receipts to be issued by February 28th of the following year.

**Donation from fundraising sales/events** This payment is the direct proceeds from the sale of goods or services (ex. charity auctions, dinner tickets, book sales, etc). These profits are NOT eligible for a charitable tax receipt, and are 100% non-refundable.

TRIP NAME: **SHINE THE LIGHT** \_\_\_\_\_, **20** \_\_\_\_\_ **TRIP** Date: \_\_\_\_\_ Amount raised: \_\_\_\_\_

**Payee or Donor Name:** \_\_\_\_\_

*Please note that a tax receipt can only be issued in single name or business name*

If donation, would the donor like a charitable tax receipt?  Yes  No

Save a tree... Send your tax receipt by email?  Yes  No

Address: \_\_\_\_\_  
*street city province postal code*

Email Address: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

**Amount:** \$ \_\_\_\_\_

**Method** (note that there is a 3% surcharge for credit cards):  Cheque  Cash  Money Order

Grouped together with other donations, and sent as one cheque / money order # \_\_\_\_\_

Credit Card: Type: Visa / M/C Card number: \_\_\_\_\_ Expiry date: \_\_\_\_\_

Name on the Card: \_\_\_\_\_ Signature: \_\_\_\_\_

\_\_\_\_\_  
*Signature of STLM Participant*

\_\_\_\_\_  
*Signature of Donor (if applicable)*

EACH payment or donation **MUST BE** accompanied by this form. It is the responsibility of the Participant to ensure this form is forwarded to our office. Please make all cheques out to: Shine the Light Ministries