

Tour Application

Personal Information			
Group or Dates Requested:			
Contact Information			
Name:	Name you prefer to be	e called:	
Mailing Address:			
City:	State/Province:	_ Postal Code:	
Home phone:	_ Work/Cell phone:		
Email address (required):			
Tour Information Room Type: Single Double	Family		
If double or family room, name of roomm	nate(s):	_	
Do you have a valid passport? Yes 🗌 No	Country of issuance:		
If you do not have a passport, when do yo *Note: Your passport must have more than 6 months			
T-shirt size (certain tours only): xSM [SM _ M _ L _ XL _ XXL _		
Spanish ability (none required): Fluent \Box	Good Fair Minimal None		
Are you interested in being separated fro participants (not required)? Yes \(\square \) No [m your companion or group on bus r	ides in order to meet other	
Biographical Information Our tour participants enjoy learning a little bit about to following information, please check here Occupation: Age:	heir fellow travelers prior to arriving in Guatemak	a. If you prefer that we do not share the	
Rotary Club (if applicable):			
Family:			
Travel experience:			
Anything else you would like to add:			

	Emergency Information			
NAME:	DATE OF BIRTH:	SEX: M□ F□		
EMERGENCY CONTACT NAME:	PHONE (HC	DME):		
RELATIONSHIP:	TIONSHIP: 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 No Please specify:				
*This information is for staff notification in an eme	ergency only.			

Conduct Agreement		
As a valuntaen nervesentative of Cooperative for Education and Associación COED while on a Brainst Town L		
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.		

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_I129.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/Parent Signature: Date:

Checklist for Guatemala Project 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 Guatemala Tour.
Mail your application, deposit & optional photo Please complete and mail all four pages of the application to Cooperative for Education. Please include a U\$\$350 non-refundable deposit check payable to "Cooperative for Education" OR pay online at 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 tours@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 tours@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 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 . Your email confirmation will contain information about booking flights. (Note: The airport is a one hour drive from where you will stay. If you prefer to avoid a pre-dawn departure, please book your flights 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 one month before your trip. 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 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 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 arrangement for you. Please send your request to tours@coeduc.org at least one month before your trip.
Send us your final payment Please submit the balance of your payment to the CoEd office one month before your trip. To pay online, go to www.cooperativeforeducation.org/tours and choose "Pay for a Tour" on the left.
More information is on its way About a month before your trip 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 Caroline Phelps (caroline@coeduc.org , 513-956-9001).