**2023 Casa Hogar Optical Mission**

**Application**

We invite you to complete an application to join the Casa Hogar Optical Mission.

This mission takes place in a third world country, environment is dessert, the temperature at the time of the mission can be anywhere from 80 to 100, there is no air conditioning, and you will be expected to work a long day standing on your feet on a cement based floor (there are some seated duties but very few). Casa Hogar is a very safe place to be, surrounded by a ten foot wall with a guard at the gate; the rooms are dormitory style with bunk beds, 4 to a room and 8 to the bathroom with showers, there are stairs to climb to the sleeping area. There are three meals a day and are prepared by the kitchen staff, we do our own dishes. More will be explained if you decide to join the mission.

All applicants should complete the form in its entirety and submit it by mail (please no emails) to:

Casa Hogar Optical Mission

Attn: Cindy Sjolander

W4894 N. Kinney Coulee Rd.

Onalaska, WI 54650

Home: 608-783-4911 or cell: 608-792-4911

There will be a $100 fee to help cover the cost of room & board and ground transportation while in Peru, of which this should accompany this application, if for some reason you decide to not go on this trip you will receive a full refund.

You will need a passport for international travel. Please send a copy in **black & white** of your current passport along with your application. If you do not have one, you can get an application for a passport through your County Courthouse, local post office or on line at:

[www.travel.state.gov/download\_application](http://www.travel.state.gov/download_application).

**Your passport must not expire prior to July 1st, 2023**

\*\*For Ophthalmologists and Optometrists Only: Due With Application\*\*

Please send one copy of your current United States license to practice your profession along with the copy of your passport.

Dates of Mission Trip

From: **01-08-2023** To: **01-14-2023**

Dates of Additional Tour to Cusco, Sacred Valley, & Machu Picchu

An additional tour will be planed for those who have already completed the above tour if interested

From: **TBA** To: **TBA** (tour not set up yet)

Please write your name exactly as it appears on your passport

First Name:­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_ Male\_\_\_\_\_ Female:\_\_\_\_\_

Street Address, Apt #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_

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

Home Phone: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Cell Phone: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

International phone (if you have one): (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you previously been to Casa Hogar on an Optical Mission Trip? Yes:\_\_\_\_\_ No:\_\_\_\_\_

If yes what area did you work in on past trips?

Registration:\_\_\_\_\_ Visual Acuity:\_\_\_\_\_ Eye Drops:\_\_\_\_\_ Auto Refraction:\_\_\_\_\_

Eye Exams:\_\_\_\_\_ Dispensary:\_\_\_\_\_ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you an Ophthalmologist or Optometrist? Yes: MD\_\_\_\_\_OD\_\_\_\_\_ No:\_\_\_\_

If yes: State Licensed In:\_\_\_\_\_\_\_\_\_\_ License No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you carry malpractice insurance? Yes:\_\_\_\_\_ No:\_\_\_\_\_

Are you knowledgeable in the optical field in any other capacity? Yes:\_\_\_\_\_ No:\_\_\_\_\_

If yes please give a description:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a passport? Yes:\_\_\_\_\_ No:\_\_\_\_\_

If yes, please complete the following:

What Country?\_\_\_\_\_\_\_\_\_\_ State Where Issued:\_\_\_\_\_\_\_\_\_\_

Expiration Date (Month, Day, Year):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth (Month, Day, Year):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City and State of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If Married Give Full Name of Spouse:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

T-Shirt Size:\_\_\_\_\_\_\_ Nickname(name you prefer to be called):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you speak Spanish? Yes:\_\_\_\_\_ No:\_\_\_\_\_

If yes describe your fluency:

Very fluent:\_\_\_\_\_ can converse with little difficulty:\_\_\_\_\_ minimal fluency:\_\_\_\_\_

References:

Pastor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parish Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical History:**

Are you in good health and able to participate in normal activities? Yes\_\_\_\_\_ No\_\_\_\_\_

Please list any limitations not otherwise described above:\_\_\_\_\_\_\_\_\_\_

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

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

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which you are subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. This information will take reasonable care to see that the following information will be held in confidence.

Allergies:

 Pollens\_\_\_\_\_ Medications\_\_\_\_\_ Food\_\_\_\_\_ Insect Bites\_\_\_\_\_

 Please note specifics:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical information:**

You are responsible for bringing your own medical information with you on the trip. This information includes, but not limited to: name of physician(s), health insurance information, medical history, current medications, dietary restrictions, and allergies.

**Immunizations:**

You are responsible for your own immunizations. Make sure you are up-to-date on routine vaccines before the trip. These vaccines include measles-mumps-rubella (MMR), diphtheria-tetnas-pertussis, vericella (chickenpox), Polio, Hepatitis A & B, Typhoid, Yellow Fever and your yearly flu shot. (Some of these may not be necessary for Lurin but would be if going on tour, check with your international doctor).

COVID vaccine is required at this time but may change by Jan 2023

**Medications:**

Please ask your physician for prescriptions for Ciproflaxin or alternate appropriate antibiotic for treatment of traveler’s diarrhea and for Lomotil or alternate drug for control of diarrhea. Please have it filled and carry theses meds with you, if not needed we can donate them to the Casa Hogar nurse for future visitors.

Please pack a two-week supply of all prescription and over the counter medicines that you will need, also a copy for your prescription in case the need arises to have it filled in Peru. Keep these in your carry-on bag. Since brand name drugs differ in other countries, it is recommended that you use the generic names of the drugs listed on the bottles. If you choose to go on the additional touring trip to the Cusco area there are additional medications needed.

You can get more information on Vaccines and Medicines by going to the web page for CDC: [www.cdc.gov/travel/destinations/traveler/none/peru](http://www.cdc.gov/travel/destinations/traveler/none/peru). You will need to see someone who specializes in International Travel as not all Doctors can give the Yellow Fever vaccine.

**Emergency Contact Information**

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

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

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_

Home Phone: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Treatment**

*Emergency Medical Treatment:* In the event of an emergency, I herby give permission to transport me to a hospital for emergency medical or surgical treatment at my expense. In the event of an emergency, please contact the emergency contact listed above.

Initials: \_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

**Permission to Use Participant Photos**

You have my permission to use my photos for commercial purposes (ex. Advertising thr optical missions in flyers, on the web, ect.).

Initials: \_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ By checking this line I confirm that everything I have entered into this form is true and accurate.

\_\_\_\_\_ By checking this line I acknowledge that my application will be submitted for review for the 2017 Casa Hogar Optical Mission.

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

 Signature Date

**Assumption of Risk Agreement**

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

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

In consideration of the Roman Catholic Diocese of La Crosse, and its agencies, personnel and Cynthia L. Sjolander, in arranging and providing all logistics of travel, housing, meals, ECT., and for providing the opportunity for me to volunteer my services for a planned optical mission trip to Casa Hogar Juan Pablo II, Lurin, Peru, in January 20232

I hereby state the following:

1. That I am physically fit and have no medical conditions that would prevent me from performing the volunteer services for which I am applying;
2. That I take full responsibility for obtaining all my immunizations and personally paying the costs;
3. That I am aware that there are hazards and risks to my person and property associated with the overseas short term missions activities for which I am applying. Such hazards and risks include, but are not limited to; death, disability, loss of ability to maintain earnings, loss of property, illness, disease, inadequate and / or unavailable medical services, weather conditions, trip delays, unlawful detention, terrorist acts, war, criminal acts, and wild animals;
4. That I agree to be solely responsible to provide and care for my own personal health, as well as my belongings.

NOW THEREFORE

I, HEREBY ASSUME ALL THE RISKS set forth above, as well as any risks related thereto, which may result in injury, death, property damage, property confiscation, etc. And I agree to volunteer my services on behalf of the above mission, despite the hazards and risks set forth above.

I HEREBY RELEASE FROM ALL LIABILITY the Roman Catholic Diocese of La Crosse (and its Bishops, agencies, employees, agents, any affiliated organizations and Cynthia L. Sjolander) for any and all claims for damages for personal injuries to myself and to my property or any damages resulting from delays in being returned to the United Sates.

I HEREBY AGREE TO HOLD HARMLESS and to indemnify the Roman Catholic Diocese of La Crosse (and its Bishops, agencies, agents, employees, affiliated organizations, and Cynthia L. Sjolander) for any and all claims that are brought against the Diocese and its Bishops, agents and Cynthia L. Sjolander, and for all expense (including attorney’s fees) that the Dioceses may incur as a result of any claims presented against them, for any of my injuries or losses, or for any of my conduct related to said mission trip.

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

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Signature if a minor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The only way a minor can attend is if the parent is going and the minor has to be able to work independently for as many hours as everyone else.