
PWNC Delegation to Guatemala

January 10-19, 2024 Trip Application

GOALS OF THE TRIP:

- ★ Broaden our understanding of our brothers and sisters in Guatemala and bring us closer to each other;
- ★ Learn their stories and share ours;
- ★ Take Christ's love there and bring it back;
- ★ Provide opportunity for the Guatemalans and for us to learn from the strengths of our faith in each culture, and to help us come more into balance, moving closer to the abundant life;
- ★ Demonstrate the strength of our ongoing partnerships with churches and presbyteries in Guatemala and foster communication and relationships between partner congregations.

The cost will be \$2,000 and includes airfare, lodging/travel/meals in Guatemala, and interpreter fees. Trip cost does NOT include personal preparation expenses such as passport, immunizations, malaria pills, etc.). A deposit of \$750 must be sent with the application and received no later than **October 15, 2023**. Make the check out to "PWNC." If we are not able to accept your application, the deposit will be returned. Once plane reservations are made, deposits become non-refundable. The final payment of \$1250 is due **December 15, 2024**. *(Should we secure plane tickets at a low rate, your final payment might be less than \$1250. The coordinator will confirm the final payment amount at your trip orientation.)*

Documents that must be submitted to participate in this delegation:

1. Trip application form (includes the Personal Info, Mundane but Vital Information, Waiver of Claim, and Personal Responses/Delegate Engagement Form included in this application document)
2. "Recommendation, Commitment, & Endorsement" form completed by your Pastor and your Session.

Personal Information:

Name: _____ DOB: _____ Age _____

Address: _____ City: _____ Zip: _____

Name of the PWNC church you attend or are representing as a delegate: _____

Phone/Fax: _____ e-mail: _____

Name as it appears on your passport: _____

Passport number: _____ If passport is pending please check here _____

Delta Frequent Flyer #: _____ Other Airline and FF#: _____

At this time, Delta flights from AVL are the best price and schedule. If you prefer to fly from CLT (on Delta or American) and are willing to pay the extra cost (typically around \$150), please indicate your willingness here.

Prefer CLT will pay _____ Whatever is cheapest, but if CLT is the same price, I prefer it _____

Seat Preference: Aisle _____ Center _____ Window _____

(We cannot guarantee that your seat preference will be accommodated, but we will try!)

Due to height or other personal reasons, do you prefer comfort seating, and are you willing to pay the additional seat upgrade fee? If so, please note what type of upgrade you would like.

MEDICAL INFORMATION

1. Name of primary contact in event of emergency (must not be traveling with you):

Relationship:

Home Phone

Work:

Cell:

Email:

2. Name of secondary contact in event of emergency (must not be traveling with you):

Relationship:

Home Phone:

Work:

Cell:

Insurance Company & Policy #:

Medical conditions, if any:

Recent or chronic injuries that might restrict your activities:

Prescribed Medications (trade & generic names):

Allergies (food, plant, insect, animal, etc.):

Blood Type: _____

Dietary restrictions or considerations:

Primary physician's name:

Physician's phone #:

WAIVER OF CLAIM

PWNC Guatemala Partnership Liability Waiver

Please read and sign this agreement and waiver.

I agree to all the conditions relevant to the delegation of which I am a participant.

I wish to be a member of the delegation from the Presbytery of Western North Carolina going to Guatemala from January 10 to January 19, 2024 plus travel time from my home to Guatemala for the delegation and return to my home.

I hereby acknowledge that the Presbytery of Western North Carolina, does not assume any liability for loss or damage to my personal property, or for injury, sickness or death arising out of participation on this delegation. I, my successors and assigns, hereby waive any claims, demands or causes of action against the Presbytery of Western North Carolina, its employees or agents for any loss or damage to my personal property or any injury, sickness or death, which may arise out of participation in the January 2024 delegation plus travel time.

Applicant

Date

Witness

Date

CONTACT INFORMATION

The following person(s) will receive any news from our team and take responsibility for passing it on to family and congregation. (You will need to set up this network for communication before you leave.)

Name: _____ Email address:

Name: _____ Email address:

Personal Responses

***A typed response is appreciated but not required*

1. Is this your first trip to Guatemala? Yes ___ No___ Date of last trips: _____
2. Describe your understanding of the purpose of the Guatemalan Partnership.
3. Why do you think God is calling you to participate with this delegation?
4. In what ways do you think you might be able to strengthen your congregation because of your participation on this team?
5. What gifts of personality, skills, and experience will you bring to the team? (The team will need a wide variety of participants, so include anything you think might help - Spanish speaking, first aid training, good humor, music, photography, good organizer, making Facebook posts, writing, etc.)

PWNC Delegate Engagement Form

All participants must make certain commitments before, during and after their mission experience. **Please consider and initial these below and sign your pledge to pursue them.** If accepted, you will receive an orientation handbook and other materials for reflection and study.

- _____ 1. **I commit myself to working with my pastor and the session in order to develop a plan to help my congregation grow in faith and vitality** as a result of our involvement in this delegation trip.
- _____ 2. **I will pray** regularly for all participants in our delegation and their churches (including myself and my own), and for those with whom we will be interacting in Guatemala, that we will all be sensitive to God's leading.
3. **I will attend** the following meeting facilitated by the Guatemala Partnership Coordinator:
_____ Team Building/Orientation, (date & location to be announced)
- _____ 4. **I will study the orientation booklet** in preparation for the trip. (This will be given to all participants at the orientation event.)
- _____ 5. **I will abide by the guidelines for the team.** I understand these exist for the well-being of the group and our relationship with Guatemalans.
- _____ 6. **I will keep a journal of my experience and prepare to share my reflections** with others in my church and in other congregations or groups within the Presbytery.

I pledge myself to do the above.

Signature: _____

Date: _____

To expedite the registration process, please email confirmation of your intent to travel and/or your registration form asap:

Contact: Sarah Robinson, PWNC Guatemala Partnership Coordinator
Email: pwnccguatemala@gmail.com
WhatsApp - 803-528-6747

Mail forms and deposit check to:
Guatemala Partnership
Presbytery of Western North Carolina
114 Silver Creek Rd.
Morganton, NC 28655