

Why do you want to participate in this project?

Discuss previous travel experience. Have you ever been to Nicaragua, Central America, other Latin American countries before?

Have you lived and worked in a group situation before?

Tell us something about yourself.

NOTE: We recommend that all participants purchase travel insurance to protect themselves against financial loss in the case of personal emergency or other unforeseen events. We recommend the following provider:

Travel Insurance Services
www.travelinsure.com
2950 Camino Diablo, Suite 300
Walnut Creek, CA 94596-3949
Hours: 9 am to 9 pm
Phone: 1-800-937-1387
Fax: 1-925-932-1387

Please note that we are not insurance experts. Should you have questions or require assistance with your travel insurance needs, please contact Travel Insurance Services at the toll free number above.

Statement of Agreement

I have filled out this application completely and honestly. I understand that if I am accepted for this project I will be living and working in Nicaragua as a member of a group under difficult conditions. I agree to respect the decisions of the project leaders. I understand my financial obligations for the project and agree to submit the required fees by the date determined.

I understand the basic rules: 1) No bringing or handling of firearms under ANY circumstances; 2) no physical or verbal violence to other group members or Nicaraguans; 3) no use of illegal drugs. I agree that violation of these basic rules may result in dismissal from the project.

Signature of Applicant _____

Date _____

Please remit a non-refundable \$25 application fee made out to ICAS-NICCA. This amount will be counted toward the total delegation fee, but will not be returned if you should decide to cancel your application.

The full delegation fee of \$1250, and completed “Health and Liability Form” must be received by **January 15, 2012** to secure your spot on this trip.