

## **ALTERNATIVE WINTER BREAK APPLICATION**

Dear Suffolk Student,

Thanks for your interest in this year's Alternative Winter Break (AWB)! Suffolk University's Alternative Winter Break (AWB) program is designed to offer students the opportunity to engage in an extremely interactive and meaningful service trip throughout winter break. This year we will be traveling to El Salvador.

### **Here is some specific information about the AWB trip being offered:**

The Salvadoran Civil War was predominantly fought between the government of El Salvador against a coalition of four leftist parties and one Communist party known as the Farabundo Martí National Liberation Front (FMLN) between 1980 and 1992. The United States supported the right-wing government. In total the civil war killed 75,000 people, left 8,000 more missing and one million homeless with another million exiled. Fifteen years later the country still is divided and trying to recover from that dark era in their history. \*

The main purpose of the delegation is to "SERVE AND LEARN". You will learn about El Salvador by participating in presentations of various topics pertaining to its past, present and future. In addition, you will learn through home stays (by living and sharing with the people of the community) and by working together side by side with locals while working on improvements to a Cultural Center located in the communities of La Hacienda El Sitio - La Mora. There will also be an option to gain academic credit for your experience through the Spring semester class "Social Revolution in Latin America".

After the group is selected, we will begin meeting as a group to get to know each other and learn more about the culture and tasks you will encounter during the trip. We will be meeting on a weekly basis through the months of October, November, and December. Each student is expected to participate in all meetings, as well as fundraising activities. As AWB participants, you have an obligation to the community you will be living with, to come prepared – mentally, physically, and emotionally.

### **Money**

The total cost of the trip will be \$2000. Our hope is to fundraise as much as possible to lower the cost down. The \$2000 will include transportation, meals, and accommodations. The cost is subject to change depending on the amount fundraised.

### **Class**

The class will be offered during the fall that will provide course credit HST-508-A. This course will examine the history of El Salvador through readings, discussion, film, and most importantly, a fortnight in the Central American nation. Our goal is to explore how events ranging from the Spanish conquest of the sixteenth century, the nineteenth century

indigenous uprisings against land concentration, and the bloody and divisive civil war of the 1980s shaped today's El Salvadorans.

**Deadline**

Applications are due on *September 30<sup>th</sup> by 5p.m.* They could be accepted via e-mail at [souls@suffolk.edu](mailto:souls@suffolk.edu) or can be dropped off at the S.O.U.L.S. office, Donahue 209.

AWB is perfect for any *upperclassman* student who is *familiar with the Spanish language*, and is willing to contribute two weeks out of their life to focus on a community that needs their help. We want someone who isn't afraid to get their hands dirty and jump into the trenches, someone who is looking to have fun and make a difference. If you feel you are right for the job, continue on to fill out the attached application. (Trip dates Jan 3<sup>nd</sup> – January 17<sup>th</sup>). If you have any questions please feel free to contact me.

Sincerely,

Deborah Searfoss  
AWB Student Leader  
S.O.U.L.S. Community Service and Service Learning Center  
Deb.searfoss@gmail.com

## STUDY ABROAD APPLICATION

### APPLICATION CHECKLIST

- APPLICATION** Complete all sections and remember to sign the application (pages 1-3).
- STATEMENT OF PURPOSE** (see questions on page 3)
- RECOMMENDATION FORM** Must be completed by a professor (page 4).
- PARTICIPATION AND INDEMNIFICATION AGREEMENT** Complete all sections and sign (pages 5-7).
- \*\*INTERNATIONAL TRAVEL HEALTH INSURANCE LETTER** Please contact your health insurance provider/company to verify that you will be covered while traveling overseas. A letter from you insurance company **must** be submitted stating the areas in which you are covered. If your health insurance provider/company does not cover international travel health insurance, please contact the Office of Study Abroad Programs immediately to obtain information on private providers to purchase while traveling.
- COPY OF INSURANCE CARD (FRONT AND BACK)**
- CoCoDA PARTICIPANT REGISTRATION & PROFILE** (pages 8 – 11)
- TWO COPIES OF YOUR PASSPORT**
- COPY OF YOUR TRANSCRIPT**

## STUDY ABROAD APPLICATION

PAGE 1 OF 3

Name \_\_\_\_\_

Suffolk University ID Number \_\_\_\_\_

### 1. Full Legal Name

LAST (FAMILY) \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_ BIRTHNAME (MAIDEN) \_\_\_\_\_ NICKNAME \_\_\_\_\_

### 2. Permanent Address

STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ COUNTRY \_\_\_\_\_

### 3. Current Mailing Address (IF DIFFERENT FROM ABOVE)

STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ COUNTRY \_\_\_\_\_

4. Email (SUFFOLK ADDRESS) \_\_\_\_\_ (PERSONAL ADDRESS) \_\_\_\_\_

5. Phone (DAY) \_\_\_\_\_ (EVENING) \_\_\_\_\_

6. Social Security Number \_\_\_\_\_ 7. Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ 8. Sex  Male  Female

9. City/Town of Birth \_\_\_\_\_ 10. Country of Birth \_\_\_\_\_

11. Citizenship \_\_\_\_\_ 12. Permanent Resident of (Country) \_\_\_\_\_

13. Passport Number \_\_\_\_\_ Issuing Country \_\_\_\_\_

### 14. I plan to study abroad at the following location:

#### Argentina

Lincoln University College,  
Buenos Aires

#### Australia (CIS)

Bond University  
 La Trobe University  
 Macquarie University  
 Murdoch University  
 University of Newcastle  
 University of Southern Queensland

#### Austria

Austria-Illinois Exchange, Vienna

#### Costa Rica

International Center for  
Sustainable Human Development  
(CIDH), San Jose

#### Czech Republic

Charles University, Prague

#### Denmark

Aalborg University, Aalborg  
 Aarhus School of Business  
(ASB), Aarhus  
 Copenhagen Business School  
(CBS), Copenhagen

#### England

British American College at  
Regent's College, London  
 European Business School at  
Regent's College, London

#### France

CAVILAM, Vichy  
 École Nationale Supérieure de  
Physique de Marseille, Marseille  
 École Supérieure de Gestion  
(ESG), Paris  
 Euromed Marseille École de  
Management, Marseille

Institut Universitaire de  
Technologie

de Marseille, Marseille

La Sorbonne, Paris

Pôle Universitaire Léonard  
de Vinci, Paris

#### Germany

Justus Liebig University (JLU),  
Giessen

#### Greece

American College of  
Thessaloniki (ACT), Thessaloniki

#### Ireland

University College Cork, Cork

#### Italy

Domus Academy of Design, Milan  
 Florence University of the Arts,  
Florence

John Cabot University, Rome

Lorenzo de' Medici, Florence

The Mediterranean Center for  
Arts and Sciences, Sicily

NABA School of Art & Design,  
Milan

#### Italy (cont'd)

Palazzo Rucellai, Florence

Studio Art Centers International  
(SACI), Florence

#### Japan

Kansai Gaidai University, Osaka

Ritsumeikan University, Kyoto

Sophia University, Tokyo

#### Mexico

Universidad Iberoamericana,  
Mexico City

#### Monaco

International University of  
Monaco (IUM), Monte Carlo

#### New Zealand

University of Auckland–  
Auckland

Victoria University–Wellington

#### Norway

Aalesund University College  
(AAUC), Aalesund

#### Senegal

Suffolk University Dakar  
Campus, Dakar

#### South Korea

Yonsei University, Seoul

#### Spain

Suffolk University Madrid  
Campus, Madrid

#### Sweden

Stockholm University School  
of Business, Stockholm

#### Taiwan

Tamkang University, Taipei

#### Turkey

Istanbul University, Istanbul

Yeditepe University, Istanbul

#### United States

Suffolk University Boston  
Campus, Boston, Massachusetts

#### Vietnam

Hoa Sen University, Ho Chi  
Minh City)

#### Internships

EPA Internships  
 International-Internships.com

International Partnerships of  
Service Learning and Leadership  
(IPSL)

Other

**Institution** AWB

**Country** El Salvador

Office of Study Abroad Programs  
8 Ashburton Place  
Boston, MA 02108-2770  
[www.suffolk.edu/studyabroad](http://www.suffolk.edu/studyabroad)

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**STUDY ABROAD APPLICATION**  
PAGE 2 OF 3

Name \_\_\_\_\_

Suffolk University ID Number \_\_\_\_\_

**15. Program Information:**

I plan to begin studies in

- Fall 20\_\_\_\_  Winter 20\_\_\_\_  Spring 2010\_\_\_\_  
 Summer 20\_\_\_\_  Academic Year 20\_\_\_\_ to 20\_\_\_\_

**16. Academic Background Information**

COLLEGE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ COUNTRY \_\_\_\_\_

Year:  Freshman  Sophomore  Junior  Senior  
 Graduate-level

Credits completed \_\_\_\_\_

Cumulative GPA (must disclose) \_\_\_\_\_

Major \_\_\_\_\_

Minor \_\_\_\_\_

Projected Graduation Date \_\_\_\_\_

**17. Suffolk University students only.**

Are you a resident student?  Yes  No

Do you receive financial aid?  Yes  No

**18. Please drop off all applications to:**

**S.O.U.L.S.**  
Donahue Building  
2<sup>nd</sup> Floor Room 209  
or Fax to 617-305 6364

**19. How did you learn about the Alternate Winter Break Program?**

\_\_\_\_\_

**20. Statement of Purpose**

Please attach a separate typed page of the essay questions from the following page.

**Agreement/Applicant's Signature** I accept responsibility that the information on this application is complete and accurate. I understand that falsification or omission of information could result in disqualification. My signature below certifies that during my enrollment in a study abroad program, I understand I am still responsible for meeting all applicable deadlines at my home institution (i.e., financial aid, tuition payment, graduation, etc.). I also understand that by signing this document it is a legal document and if accepted cannot withdrawal from the program.

**X** \_\_\_\_\_  
APPLICANT'S SIGNATURE DATE

**21. Parent/Guardian Information**

**a.**  Father  Guardian  Living  Deceased

FIRST NAME \_\_\_\_\_ INITIAL \_\_\_\_\_ LAST NAME \_\_\_\_\_

EMAIL \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

TOWN/CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ COUNTRY \_\_\_\_\_

Home telephone \_\_\_\_\_

Work telephone \_\_\_\_\_

Other \_\_\_\_\_

Fax \_\_\_\_\_

**b.**  Mother  Guardian  Living  Deceased

FIRST NAME \_\_\_\_\_ INITIAL \_\_\_\_\_ LAST NAME \_\_\_\_\_

EMAIL \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

TOWN/CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ COUNTRY \_\_\_\_\_

Home telephone \_\_\_\_\_

Work telephone \_\_\_\_\_

Other \_\_\_\_\_

Fax \_\_\_\_\_

**22. Emergency Contact Information**

**b.**  Mother  Father  Contact information is the same

Other (Relationship to you) \_\_\_\_\_

FIRST NAME \_\_\_\_\_ INITIAL \_\_\_\_\_ LAST NAME \_\_\_\_\_

EMAIL \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

TOWN/CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ COUNTRY \_\_\_\_\_

Home telephone \_\_\_\_\_

Work telephone \_\_\_\_\_

Other \_\_\_\_\_

Fax \_\_\_\_\_

Office of Study Abroad Programs  
8 Ashburton Place  
Boston, MA 02108-2770  
[www.suffolk.edu/studyabroad](http://www.suffolk.edu/studyabroad)

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**STUDY ABROAD APPLICATION**

PAGE 3 OF 3

\_\_\_\_\_  
Name

\_\_\_\_\_  
Suffolk University ID Number

Please answer the following questions on a separate piece of paper and attach to the application. Please be thoughtful and keep answers to 1 page single space.

1. Please describe why an Alternative Winter Break trip to help the Salvadorian community is important for you? What do you intend to gain from AWB and what are you most excited for?
2. One of the goals of AWB is to expose students to a diverse range of situations and people to create a better understanding of social needs in our global community. Please share a time when you have experienced a diverse environment that has had an impact on you.
3. What do you think the role of the United States should be in world politics? If you were Secretary of State during the 80's and 90's, what would you have done differently in El Salvador? What would have been your foreign policy strategy?



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**STUDY ABROAD PARTICIPATION AND  
INDEMNIFICATION AGREEMENT PAGE 5**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Suffolk University ID Number

**ALL APPLICANTS MUST COMPLETE THIS FORM**

Suffolk University offers its students the opportunity to participate in a number of programs of study in other countries. Some of these study abroad programs are offered through Suffolk University facilities and others are provided through the facilities of foreign universities. Any student wishing to participate in study abroad must take into consideration the risks involved in doing so. It is neither physically possible nor economically feasible for Suffolk University to act as the guarantor of the safety of students studying in countries far away from Boston and in institutions unrelated to Suffolk. Therefore, Suffolk University can only make study abroad programs available to students who expressly agree to accept responsibility for their safety while studying abroad.

Submission of this document with all required signatures is an essential part of demonstrating eligibility to participate in the study abroad program and serves three important purposes. The first is confirmation that the student whose parents/guardians sign the form is permitted to take part in a study abroad program. The second purpose is to state the agreement of the student's family and Suffolk University as to the allocation of the risks of 1) the student's travel to and in the city and country where he/she will be studying; 2) living away from home during the period of study abroad in an unfamiliar location; and 3) participating in the activities that make up the particular study abroad program in which the student will be enrolled. The third purpose is confirmation that Suffolk University and the institution the student will be attending have parental authorization to obtain emergency medical care for the student, should it become necessary during the course of the study abroad program. Please read the language of these three provisions carefully and do not hesitate to call the director of study abroad programs at Suffolk University, Youmna Hinnawi, at 617.573.8072 if you have questions. It will not be possible for a student to participate in a study abroad program unless this form is returned with appropriate signatures.

Students considering participation in study abroad programs should be aware that Suffolk University cannot guarantee that all advertised offerings will be available as described or without alterations and that, between the printing of a catalog or brochure describing a program and a date of enrollment, foreign universities may make unannounced changes in course offerings and prices, and/or foreign affairs considerations may require cancellation of a program. Suffolk University must therefore retain the right to alter the content of and fees for study abroad programs without notice.

**1. Parental Permission To Participate**

As a custodial parent/guardian of (please print student's name)

\_\_\_\_\_  
I have given her/him my permission to participate in the Suffolk University study abroad program at (please print name of foreign/host institution)

\_\_\_\_\_  
Before signing this permission form, I had the opportunity to satisfy myself as to the adequacy and safety of the arrangements for the study abroad program at the host institution. I am familiar with the mental and physical health of my child/ward and his/her ability to travel to unfamiliar places and be exposed to people of different ethnic, cultural, and linguistic backgrounds. My permission for my child/ward to participate is based upon my belief that she/he has the maturity and self-confidence to be able to respond appropriately to the challenges that he/she will encounter during the study abroad program, as they have been described in the printed materials that I have been given.

X. \_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN OR SPOUSE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT FULL NAME OF PARENT/GUARDIAN OR SPOUSE

In consideration of Suffolk University's willingness to allow me to participate in a study abroad program, I agree to comply with the rules for student conduct and good citizenship established by Suffolk University and the foreign institution I will be attending. I understand that failure to do so can lead to disciplinary sanctions, including required withdrawal from the program. I also understand that I will bear the financial cost of any such disciplinary sanctions, including lost tuition and repatriation.

X. \_\_\_\_\_  
SIGNATURE OF STUDENT

\_\_\_\_\_  
DATE

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## STUDY ABROAD PARTICIPATION AND INDEMNIFICATION AGREEMENT PAGE 6

Name

Suffolk University ID Number

### 2. Risk Sharing And Indemnification Agreement

I/We recognize that there are risks to a student's person and property involved in air travel, surface transport, and in staying in hotels, hostels, dormitories, and private homes in an unfamiliar foreign country. I/We also understand that Suffolk University could not afford to offer a broad range of study abroad programs if it was required to bear the sole financial responsibility for those risks. Therefore, in order to induce Suffolk University to make the program available to me/my child/ward, I/we agree to share the risk of loss arising from injury to me/my child/ward and/or my/her/his property with Suffolk University by entering into this indemnification agreement in which I/we accept responsibility for all losses, except those caused exclusively by the negligence of Suffolk University and/or its agents.

I/We have reviewed the plans for the program and recognize that use of regularly scheduled airlines to provide transportation between our home and foreign countries involves risks to person and property, which may include serious injury and death, and I/we agree to accept those risks. From my/our review of the plans for the program, I/we am/are aware that I/my child/ward will also be exposed to the risks of surface travel in cars, trains, taxis, and buses while participating in the program, and I/we accept the responsibility for those risks. I/We have reviewed the arrangements for the program and understand that I/my child/ward will be staying in various kinds of public accommodations with other students from the host country and other countries, and I/we accept the risk that injury may occur to me/my child/ward, while living in those accommodations. I/We have also reviewed the description of the academic and extracurricular programs that will take place during the program and recognize that attending classes and student activities and sightseeing in foreign countries will expose me/my child/ward to the risks inherent in those activities, and I am/we are willing to accept responsibility for those risks.

I/We understand that participants in the program will be exposed to foreign countries with different standards, laws, and customs, with which participants will be expected to conform, even if very different from conditions in the United States. I/We understand that neither Suffolk University nor the host will provide or be responsible for the cost of criminal or civil legal proceedings, fines, or representation by an attorney.

I/We confirm to Suffolk University and the host institution our acceptance of the obligation to pay for any medical treatment that the student may require while participating in the program and also confirm that I/we have obtained all the insurance to cover medical costs, including evacuation to the United States, that I/we feel is necessary and appropriate.

On the basis of my review of the plans for the program, and to induce Suffolk University and the host institution to allow me/my child/ward to participate in the program, I, (please print the student's name)

\_\_\_\_\_ ,  
and for myself and my heirs, successors and assigns, and I, in my capacity as parent/ward of the student just named, agree to indemnify Suffolk University and the host institution and their trustees, governing bodies, officers, employees, and agents (the "Indemnitees") for any sums of money for which the Indemnitees may become liable as a result of any claim, suit, or cause of action that I or my heirs, legal representatives, successors, and assigns, or I as representative of my child/ward may have, now or in the future, arising out of my/my child/ward's participation in the program, unless the claim, suit, or cause of action arises solely and exclusively from the negligence of the Indemnitees, which I have not waived or released by signing this form.

I/We have read all of this Parental Risk Sharing and Indemnification Agreement, and I/we have satisfied myself/ourselves that I/we understand what it means.

X. \_\_\_\_\_  
SIGNATURE OF STUDENT

DATE

PLEASE PRINT FULL NAME OF STUDENT

X. \_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN OR SPOUSE

DATE

PLEASE PRINT FULL NAME OF PARENT/GUARDIAN OR SPOUSE

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## STUDY ABROAD PARTICIPATION AND INDEMNIFICATION AGREEMENT PAGE 7

\_\_\_\_\_  
Name

\_\_\_\_\_  
Suffolk University ID Number

### 3. Medical Treatment Authorization

As the parent/guardian of (please print the name of the student)

\_\_\_\_\_  
a student participating in the program, I authorize physicians employed by Suffolk University and/or the host institution or engaged by Suffolk University and/or the host institution to provide medical care to my child/ward while he/she is away from home and participating in the program, including examining, treating, and prescribing medications for her/his care. I understand that Suffolk University and/or the host institution will, to the greatest extent possible, consult with me concerning the reasons for and effects of all such care. Recognizing that it may be impossible to reach me in situations in which the physicians treating my child/ward believe that beginning treatment is medically necessary, I authorize Suffolk University and/or the host institution to commence treatment when, in the professional judgment of the physicians involved, such treatment is medically necessary, even if I have not yet been consulted. In authorizing such emergency treatment, I agree to accept the determination of the treating physician or surgeon that the treatment or examination rendered was medically necessary to protect the life, health, or mental well-being of my child/ward. I give this authorization on the condition that the treating physician will attempt to contact me, if at all possible, before the treatment or examination is rendered.

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN OR SPOUSE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PLEASE PRINT FULL NAME OF PARENT/GUARDIAN OR SPOUSE

### Medical/Contact Information

My child/ward is entitled to medical insurance benefits under our policy with (please print the name of your medical insurer/HMO)

\_\_\_\_\_  
Our policy is number (please provide the number of the medical insurance policy)

**\*In case of emergency, I can be reached at the following telephone numbers:**

\_\_\_\_\_  
DAYTIME TELEPHONE NUMBER

\_\_\_\_\_  
EVENING TELEPHONE NUMBER

\_\_\_\_\_  
OTHER TELEPHONE NUMBER

### Backup Contact (i.e., different from above—grandparent, aunt, or uncle)

\_\_\_\_\_  
PRINT NAME OF BACKUP CONTACT

\_\_\_\_\_  
RELATIONSHIP TO STUDENT

\_\_\_\_\_  
TELEPHONE NUMBER

\*It is very important to provide the Office of Study Abroad Programs with emergency contact information. It is the only means we have to provide you with up-to-date information regarding your son or daughter in case of an emergency.



Companion Community Development Alternatives

**CoCoDA – Suffolk University 2009 Delegation**

January 3<sup>nd</sup> to January 17th, 2008

Participant registration & Profile

- 1. Name AS APPEARS ON PASSPORT: \_\_\_\_\_
- 2. Address: \_\_\_\_\_
- CITY: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ 3. CITIZENSHIP: \_\_\_\_\_
- 4. GENDER: \_\_ M \_\_ F      5. Phone #: \_\_\_\_\_ 6. E-MAIL: \_\_\_\_\_
- 7. DATE OF BIRTH (MM/DD/YYYY): \_\_\_\_\_ 8. AGE: \_\_\_\_\_
- 9. Passport #: \_\_\_\_\_ 10. Country of issue: \_\_\_\_\_
- 11. EXPIRATION DATE: \_\_\_\_\_

**Please be sure to complete items 1 through 10 above before sending in this form.**

CONTACTS IN THE EVENT OF AN EMERGENCY:

- 1st Contact Name: \_\_\_\_\_ 2nd Contact Name: \_\_\_\_\_
- Relationship to you: \_\_\_\_\_ Relationship to you: \_\_\_\_\_
- Daytime phone: \_\_\_\_\_ Daytime phone: \_\_\_\_\_
- Evening phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_
- Cell phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_
- Email: \_\_\_\_\_ Email: \_\_\_\_\_

QUESTIONS TO HELP US GET TO KNOW YOU (we may excerpt from your responses to share with others on your delegation)

- 1. Please explain how you heard about this delegation and why you are interested in participating.

2. Have you ever been to Latin America or other countries outside the United States before? If so, when, where and in what capacity?

3. Do you speak Spanish? (circle one)

No      A little      I can communicate      Fluent

El Salvador, like many "developing" countries, has experienced political instability and waves of violent crime in recent decades. Widespread poverty is one of the root causes of such social and political problems (40% of Salvadoran households live in conditions poverty according to the United Nations Human Development Report, 1999).

4. We ask participants not to carry valuables that are not necessary to take with them and to respect the safety guidelines provided by CoCoDA coordinators. Do you have any questions or concerns regarding safety?

5. How would you describe poverty and what do you think could be effective ways to address the problem of widespread poverty?

6. Do you have any experience working or living in impoverished communities? If so, please explain.

7. How do you want to be perceived by the Salvadorans who will be hosting you in their communities and their homes?

8. Through CoCoDA diverse individuals and groups in the United States learn about and cooperate in community development projects in the areas of health, education, community radio, economic development and women's empowerment with Salvadoran organizations and communities. Do you have experience or particular interest in any of these areas?

9. Traveling, learning and working in a developing country is challenging and uniquely rewarding. Delegations bring together diverse individuals to take on these experiences as a group. Are you comfortable about being a responsible, cooperative and participating member of the delegation? Do you have any questions or concerns about this?

10. How do you think you might share about your experience in El Salvador with others (family, friends, peers at school, your religious community, general public, political representatives, etc.) upon returning home?

11. Do you have any particular health problems or physical conditions which the delegation coordinators should be aware of? Are you under any type of medication that you will need to take while in El Salvador?

12. Part of the cultural experience of traveling to El Salvador is the food and drink unique to El Salvador. Corn tortillas, rice, beans, beef, chicken, fish, eggs, cheese and a wide range of tropical fruits and fruit juices are staples of the typical Salvadoran diet. We encourage everyone to go to El Salvador with an open mind and the intention of eating what locals eat while in El Salvador. Because we will have cooks preparing meals specifically for our group, please let us know of any dietary restrictions you may have (vegetarian, allergies, etc.).

Other comments or questions: