

Application for Honduras: Roots of Migration Delegation May 25-June 2, 2019

Name (as appears on pass	sport):
Date of Birth:	Phone number(s):
E-mail:	
Address	
	Street:
City:	State: Zip:
(If not you will need to rer	hat does not expire until after January 2, 2020? new your passport before leaving for Honduras.) If not, what country?
Occupation (previous occu	upation if retired)
Emergency Contact:	Phone(s):
Relation to you:	
Please answer the follow	ing questions:
Do you have any health co If so, please explain so arr	onditions or restrictions? (allergies, diabetes, mobility problems, etc.) angements can be made.
Are you a vegetarian or ve	egan? Vegetarian Vegan
	If so, what level would you consider yourself? ational Fluent Interpreter
, ,	with international solidarity or activism? Have you traveled previously ed in human rights monitoring? Please list on next page.

What do you hope to learn from this delegation and what actions will you take after the delegation to spread our findings or deepen your activism or work?

List two references, including name, address, phone numbers, and their relation to you.

The cost of the delegation is \$650 plus your own airfare. DO NOT MAKE FLIGHT RESERVATIONS BEFORE YOUR APPLICATION IS APPROVED AND YOU RECEIVE NOTICE THAT THE DELEGATION IS CONFIRMED. **Applications due by March 20, 2019. You will be notified if you are accepted by April 1**. Please fill out the application, sign the liability release form and email both to jancel@igc.org with subject "Delegation Application". If you were recruited by Task Force on the Americas, copy Diana Bohn <u>nicca@igc.org</u>. If you were recruited by IFCLA, copy Ellen Ziegemeier ifcla@ifcla.net.

The Cross Border Network is administering this delegation. When your application is accepted, please make a **deposit of half of the cost or \$325 by April 5**. Checks should be made payable to Cross Border Network and mailed to: Cross Border Network PO Box 45753 Kansas City MO 64171. Credit card payments can be made on our web page <u>crossbordernetwork.org</u>. Please note "delegation." **Full payment is required by May 20, 2016.**

Additional information about the delegation and application process:

The purpose of this delegation is to build solidarity between the movements of Honduras and the United States, create international attention on the human rights violations community is facing in Honduras, and provide an international presence. The participants of this delegation will be working together closely to ensure that we are as effective as possible. We will all learn from each other and from our sisters and brothers in Honduras. Please be prepared to be extremely flexible, as the situation in Honduras is constantly developing and we must mold our model to support that. Additionally, we will be working directly with organizations and movements of the community, so prepare for varying schedules in relation to length of days and meal times. All delegates must be over 18 years of age. All delegates must have a current passport or travel authorization in good standing or be able to acquire one at their own cost.

While the delegation will be only nine days, the commitment to community organizing around this subject after the tour is important. Please refrain from applying if you are unable to commit to this.

While speaking Spanish is helpful, it is by no means a requirement. An interpreter will be with the delegation in its entirety.

We value diversity. Please apply regardless of nationality, race, ability, sexual orientation, gender identity, socio-economic status, or any other differences.

Release Form

Concerning the May 25-June 2, 2019 delegation to Honduras, in which I intend to participate, I completely accept and assume all responsibility for any and all risks of damage or personal injury which may occur during or result from my participation in the above mentioned delegation including, but not limited to, those risks described above;

FURTHER, I also hereby release, discharge, and agree to hold harmless the Honduras Solidarity Network, Cross Border Network, Task Force on the Americas, and Interfaith Committee on Latin America and their assigns from liability, claims, demands, rights or causes of action, present or future, whether known or unknown, anticipated or unanticipated, whether brought on by my own behalf or by or for any other person, or my heirs, executors, or assigns for personal illness, injuries or death, or any damage to or loss of personal property which may occur during, or result from, my participation in the program;

FURTHER, my intention in signing this document is to expressly release, discharge and hold harmless the above named organizations and their assigns to the maximum extent permitted by law in any state, territory, district, or country. I expressly waive any statute which would otherwise prohibit or limit the release or discharge of future unknown or unanticipated claims, demands, injuries, or damages;

FURTHER, I declare and represent that no promise, inducement, or agreement not expressed above has been made to me.

I am at least eighteen years of age. I have carefully read the foregoing release and fully understand its contents.

Signature	
Name printed or typed	Date
Witness	Date
A notary is n	ot necessary