



CRISPAZ

Christians for Peace in El Salvador
Cristianos por la Paz en El Salvador



El Salvador Encounter

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Application Form

CRISPAZ welcomes you to apply to participate in an El Salvador Encounter (ESE). El Salvador Encounter is the educational seminar and pilgrimage program of CRISPAZ. Please read our Participant's Manual for detailed information on the program and our expectations regarding your participation. Because we view this educational experience as part of a process involving reflection and action, we see your application as a commitment to begin this process now and continue it upon your return. Thank you for your interest and commitment to building solidarity with the people of El Salvador.

Name on Passport: _____ Passport Number: _____

Name that you liked to be called: _____

Group name and dates for which you are applying: _____

Today's Date: _____ *Signed:* _____

Current Address: _____

Permanent Address: _____

Home phone: _____ Work phone: _____ Email: _____

Occupation: _____ Sex: Female Male Age: _____

Spanish ability (none required): Fluent Good Fair Minimal None Comments: _____

General health: Excellent Good Fair Do you have a medical condition? _____

Please list any medications you are taking: _____

Do you have any specific dietary needs? (i.e. food allergies, vegetarian, vegan) _____

Your trip may involve an overnight stay in the countryside with very basic living conditions (i.e. sleeping on a hard bed, outdoor toilets, no running water), or may require a long walk into a village without road access. Do you feel that this will present any problems for you? If so, please explain.

In case of emergency, please notify: _____

Relationship to you: _____ Phone: _____

Name: _____ Proposed Trip Dates: _____

If you need more room to answer any of the following questions, please attach a separate piece of paper.

Generally rooming is divided between men and women. When possible, CRISPAZ will make arrangements for family members to stay together. Are you traveling with a spouse or other family member? _____

Name of family member: _____ Relationship to you: _____

Will you be arriving early or staying after the ESE dates? If so, please list the dates, times, flight or bus information and mode of transportation to/from the airport or terminal.

Do you have any other needs or specific concerns about which we should be informed?

Have you ever lived in or visited Latin America? If so, please describe briefly your experience, including the countries and dates.

How did you begin to have interest in the Salvadoran situation?

How did you learn about the opportunity to participate in this Encounter?

Why do you wish to participate in El Salvador Encounter? What do you hope to experience and learn?

Name: _____ Name of group: _____

What do you understand to be the purpose of your group's participation in the El Salvador Encounter program?

What interests/ skills/ background do you bring which will enrich the experience for yourself and for the group?

The CRISPAZ staff in El Salvador will prepare your itinerary, both according to your interests and to the limitations of time, scheduling, and the availability of our contacts. There may or may not be time for you to do things outside of the group schedule. Since CRISPAZ is responsible for ESE participants in El Salvador, we must be apprised of any personal project you hope to carry out. If you have any projects or activities outside the ESE schedule, please briefly describe them here (we may need to call you to discuss how this will work).

Please list any social justice, church, community or other groups or organizations that you belong to or are active in.

Are you a member of a church, synagogue, meeting, or other community of faith? _____

Name of Congregation: _____ Denomination: _____

How do you plan to follow up on your experience in El Salvador? Do you need help organizing and setting up ways to communicate your experience upon your return to your home community?
(Note: You may contact CRISPAZ for ideas on how to do this.)