

Karen Scheeringa
Executive Director

Headquarters

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www.heartsinmotion.org



International Medical Teams – Stateside Medical Treatment – Work Teams – Community Service

Spokane, WA Office:

17016 E. Morningside Ln.

Greenacres, WA 99016

Phone: 509-926-7253

Cpete11326@earthlink.net

Sugar Land, TX Office:

30 Pebblestone Walk

Sugar Land, TX 77479

Phone: 281-565-5139

jsmrnhim@aol.com

Wisconsin Office:

567 W32615 Ashton Way E

Mukwonago, WI 53149

Phone: 262-392-3158

heartsinmotionwis

@yahoo.com

Kentucky Office:

P.O. Box 5607

Louisville, KY 40255

Phone: 502-523-2695

himlouisville@hotmail.com

Guatemala Office:

Gualan, Zacapa

Guatemala, Central

America

Phone: 0115025-547-4015

Dear Prospective Team Member,

We are excited you have shown interest in our upcoming trip to Zacapa, Guatemala. The trip dates have been confirmed as Friday, July 20, 2007 through Sunday, July 29, 2007. **Hearts in Motion has implemented new procedures related to the air travel portion of the trips.** Beginning with the February 2006 trip, we will require a \$500 deposit with your application for the trip. Once you have booked your flight to Guatemala, please send us your itinerary along with the remaining \$500 to Hearts in Motion. This second payment needs to be made 30 days before the departure date. Therefore, the total amount paid to Hearts in Motion is \$1,000, and you arrange and pay for your own airline ticket. If you plan to arrive any day other than the Friday of the trip or depart any day other than Sunday (or the arranged arrival and departure days for your trip), an additional \$50 will be charged to get you to the airport or pick you up at the airport in Guatemala City. In accordance with IRS regulations, the entire trip cost is deductible on your annual income taxes. This is true whether the amount is paid to HIM or directly to the airline for the trip. You will receive a donation form from HIM for \$1,000 and will then list the airline ticket cost separately on your tax forms.

If you anticipate sending out letters for sponsorship to subsidize the cost of your trip, please let us know as soon as possible and before you begin your fundraising activities. We have sponsorship letters for you to use and will need to separately track your account at Hearts In Motion.

Please remember that any checks submitted for tax-deductible donation **MUST** be made out to the order of Hearts In Motion. Checks made out to any other name cannot be tax deductible. In the event that this fundraiser generates more than the amount of the trip, it is the practice of Hearts In Motion to roll it over into the general fund as a tax-deductible donation.

Trip costs paid to Hearts in Motion include in-country transportation, hotels, meals, and visitor and exit taxes. For those who would like to purchase travel insurance, which is entirely optional, we have identified three online organizations; which ranges from ticket cancellation coverage to full medical evacuation coverage. Hearts in Motion does not provide any insurance to team members; below are three web sites you may wish to consider. There are certainly others.

- www.travelex.com
- www.travelguard.com
- www.specialtyrisk.com

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If you cancel your trip less than 30 days prior to the trip, all but \$200.00 will be returned to you. This \$200.00 is for administration fees. You also have the option of applying the full amount towards a future trip.

For any donations made by sponsors in your name for the trip, we will contact the donor(s) to determine whether they wish to convert their payment to a general donation to HIM or wish to have the amount refunded.

If you do not have a passport, you will need to apply for one immediately. Check with your local post office for an application. It can take as much as 30 days to receive a new passport; please plan accordingly.

We have great plans for this trip. Our team will consist of approximately 50-60 people. There will be six different groups within our team: general medical clinics, dentistry and varnishing, VBS, firemen training and construction. This will be a wonderful opportunity for all of us to work together to do something incredible for the people of Guatemala.

Should you know any others who might be interested in this trip or future trips, call our office with their information and we will add them to our mailing list.

Guatemala is a beautiful country with wonderful people. The weather is usually around 85-95 degrees in Zacapa. Remember that it is HOT in Zacapa. Plan on dressing for comfort, but do bring a couple of outfits for a few special nights out. You will need to bring:

- Casual clothes, a jacket, 2 pair of comfortable shoes.
- A couple of nice outfits for evening activities and R&R days
- A fanny pack
- All the hygiene items you will need for the week
- Any medications or specialty items you will need
- Insect repellent, diarrhea medicine
- Camera, batteries, film (disposable cameras work well)
- Goodies & snacks
- Passport (put a copy in your suitcase also)
- A few small bottles of water (we will purchase more there)
- Swimsuit, bath or beach towel
- A sweatshirt or two for cool nights.
- An Alarm clock
- A water bottle to carry around
- A small toilet paper roll to carry with you
- Hand sanitizer
- Washcloth
- Small flashlight

***Note:** Medical people should bring their own scrubs

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The dollar exchange is around 7q's to 1 US dollar. You are allowed to bring \$800 worth of goodies into the US without paying any duty. After that they may or may not impose a tax. You might want to keep this in mind while shopping, since there are so many things to buy everywhere you go. To make it easier to exchange your money, don't bring anything over \$20 bills. It is also a good idea to bring a money belt or a belly bag.

Since our luggage will be checked through to Guatemala City, You need to pack your most important items (including medication) and a couple of changes of clothing. Your suitcase may weigh no more than 50 lbs, depending on what airline you are flying on; and your carry-on no more than 40 lbs. For those flying out of Chicago, HIM will have a box of supplies that will be assigned to you as your second piece of checked luggage. You will be responsible for helping us locate it in Guatemala.

No shots are needed to travel in Guatemala, but we recommend that you have an updated tetanus shot. Please check with your family doctor regarding any additional vaccinations that he/she recommends or any other medical advice

Should you have any special needs or questions about this trip, please call our office and we will try our best to accommodate you. We look forward to working with you to help better the lives of children and their families

Sincerely,
Karen Scheeringa
Executive Director

Emergency numbers to leave at home:

***(14 digits are now standard when calling Guatemala from the United States)**

Hotel Atlantico: 011 502-7933-0598- Hotel we will stay at while in Zacapa

Hotel Atlantico Fax: 011 502-7934-7041

Luz Marina Rosas: 011 502-2434-5601 - Volunteer in Guatemala City (speaks English)

Hotel Casa de las Fuentes in Antigua: 011 502-7832-2312 (Last Friday and Saturday night)

Matt Boisen: 011-502-5547-4015- HIM Field Office Director in Guatemala

***Note: If you are planning on going to Guatemala, IT IS REQUIRED TO FILL OUT AN APPLICATION. YOU CAN EITHER FAX IT TO OUR OFFICE OR MAIL IT TO US.**

DO NOT ASSUME THAT WE JUST KNOW!

IF YOU ARE A PHYSICIAN OR WORK IN THE MEDICAL FIELD, WE REQUEST THAT YOU SEND IN A COPY OF YOUR LICENSE.

***ALSO, WHEN SENDING IN A PAYMENT FOR THE TRIP, PLEASE MAKE NOTE FOR WHAT TRIP THE MONEY IS FOR. ***

Keep this letter for future packing reference and for the important phone numbers that are listed above.

Thank you!

List Foreign Languages that you speak:

1.	Fluent	Yes	No
2.	Fluent	Yes	No

Do you have any health problems, take medication regularly, or require a special diet:

Do you have any physical challenges that might require special assistance? (Wheelchairs, braces, etc.)

Emergency Contact Information

Last Name	First Name	Relationship
Address		
City	State	Zip Code
Home Phone	Alternate Phone	

Briefly indicate why you are interested in volunteering for Hearts In Motion and what your expectations are?

Please send this completed application along with a letter of recommendation and \$500 for a deposit to the HIM office.

If Applicable, please proceed to the next section.

Health Care Provider Information

Profession	Specialty
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Are you Board Certified?	Eligible?	Date:
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States in which you hold valid registration or licenses:

State	License Number	Expiration Date
State	License Number	Expiration Date
State	License Number	Expiration Date

1. Have you ever had a professional license revoked or suspended:	Yes	No
2. Has your employment or clinical privileges ever been voluntarily or involuntarily suspended, diminished, revoked, limited, or not renewed at any health care facility?	Yes	No

****If you have answered yes to either questions, please submit an explanation in writing.**

Education

Undergraduate: (Institution, Degree, Date)

Graduate: (Institution, Degree, Date)

Graduate: (Institution, Degree, Date)

Additional Education: (Institution, Degree, Date)

Certifications:

Internships/Residency:

Professional Affiliations

Employment History for the last five years

Name of Employer	Address	Dates Employed
1.		
2.		
3.		

4.		
5.		

Professional References

1. Name	Title
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Institution

Address

Phone Number

2. Name	Title
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Institution

Address

Phone Number

3. Name	Title
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Institution

Address

Phone Number

Please make sure you provide a copy of your current license and Curriculum Vitae.

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Hearts In Motion Release Form

I, _____, residing at

_____, hereby
release Hearts In Motion, its agents, representatives, staff, and members
from all responsibility involving my health, safety, or personal
belongings for the planned medical trip to _____ on
_____ through _____.

I take full responsibility for obtaining all my immunizations and
their costs. I will also be responsible for my transportation to and from
the point of departure at _____.

By signing this document, I have released Hearts In Motion and its
authorized agents, representatives, staff and members of all these
responsibilities and liabilities.

Signature

Date

Phone Numbers

Email address