

# Application

## Western Iowa Synod Racial Justice Vision Trip 2023

Travel time: February 8<sup>th</sup> to February 15<sup>th</sup>, 2023

Please return this application to:

Western Iowa Synod  
1614 W 5<sup>th</sup> St. Suite 2  
Storm Lake, IA 50588  
(712) 732-4968  
By Oct. 28th, 2022

### Applicant Information:

Name (First Name, Last Name): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Congregation/City: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Pronouns/Gender: \_\_\_\_\_

### Financial Considerations:

**We are anticipating the cost of this trip to be approximately \$1,500.00 to \$2000.00/person.**

**Exact prices will be set as final details are arranged.**

**Due to our financial commitments to other organizations, there will be a restrictive cancellation policy.**

**Please discuss fundraising opportunities with your local church, as participants will be responsible for the entire cost of the trip.**

**Please answer the following questions-**  
(Feel free to type or us additional paper if needed)

Why do you want to go on this trip?

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List any previous vision or mission travel experience:

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List any team-building or thought-processing training or experiences you may have:

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What talents/gifts/skills do you bring to this group? (Don't be bashful!)

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Do you have medical or first aid training? Please identify. \_\_\_\_\_

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How does your faith enter into your decision to participate in this trip?

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Upon your return, will you use this experience to make a difference in the world? How might you use your skills and gifts to share this experience with others?

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Because this trip will include extensive walking, what accessibility or medical needs (whether currently being treated or not) do you have?

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Would these medical needs necessitate a single room or roommate considerations?

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Do you have dietary restrictions or food allergies we should be aware of?

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**Pastoral Recommendation:** Please have your pastor or church leader (in the absence of a pastor) provide a separate written recommendation that addresses your commitment to the Christian faith, your participation in your congregation, your moral attributes, and your ability to function in this type of group setting. Have him/her send the recommendation separately to the Western Iowa Synod ELCA, Attn: Bishop Lorna Halaas 1614 W 5<sup>th</sup> St. Suite 2, Storm Lake, IA 50588

or email to: lorna.halaas.rev@wisynod.org

**Deadline is November 9th, 2022.**

**Commitments:**

- I understand that as a group member I am responsible to participate in all group activities prior to departure, during the ministry and after my return.
- I understand that as an ambassador of Jesus Christ, the body of Christ, my local church and the Western Iowa Synod, I will act in a Christ-like manner during the entirety of the trip, per the disclosures and acknowledgement covenant.
- I understand that my primary responsibility will be to support, guide, and attend to the needs and goals of the participants.
- I understand that, upon my return, I will find ways to foster the understanding, commitments, and programs of our synod program to the constituents of the Western Iowa Synod.

\_\_\_\_\_(Signature)\_\_\_\_\_ (Date)

***Please mail the completed application form and disclosures and acknowledgement by Oct. 28th, 2022 to:***

***Western Iowa Synod, Attn: Bishop Lorna Halaas, 1614 W 5<sup>th</sup> St. Suite 2, Storm Lake, IA 50588.***

***A refundable \$250.00 deposit is required at time of application. It will be held in escrow while the list of participants is finalized. If there are more applicants than seats available, a waiting list will be established.***

***There will be 3 – 4 orientation/educational group meetings held prior to departure and one after.***

***These will typically be held in the Western Iowa Synod office in Storm Lake, IA (may be able to join with Zoom).***

***All those selected to make the trip will be notified by Nov. 21<sup>st</sup>, 2022. Payment in full will be required by Jan. 10th, 2023.***

Photos and/or video footage of participants, taken either individually or a part of the group, may be used in synod publications and/or web site.

Harvard implicit bias before departure. <https://implicit.harvard.edu/implicit/takeatest.html>



QR Code for Harvard Implicit Bias Test

*We ask that all travelers be fully Covid vaccinated with proof of vaccination.  
We will be masked when we are out in the public, most venues require masking at this point.  
We may need to have a Covid test within 24 hour of departure, and again if needed as we travel.*

*Please provide by February 1st a copy of your personal identification card and health insurance card. We will keep this on file at the synod office until the trip is complete and we will also have a copy on file along on the trip incase of emergency.*

*Emergency contact person back home: \_\_\_\_\_  
First and Last Name.*

*Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_*

*Relationship to traveler; \_\_\_\_\_  
Spouse, child or friend*