Global Health Student Club Medical Service Trip

The Global Health Student Club is excited to announce our 2016 medical service trips to Dominican Republic and Kentucky. Please consider joining our group and translate what you have learned in the classroom to effective action in the field!

On the application below, first year students will find a section where they can express their interest in becoming a Service Trip Leader. This individual will help coordinate trip preparations including: soliciting donations (supplies and medications), organizing trip logistics and other pertinent details. Those selected will be responsible for training as the Service Trip Leader for the trip in the following academic year.

If you are a returning trip member, please briefly respond to the section at the end of the application.

Trip details:
- Trip is open to ALL STUDENTS from ALL PROGRAMS, both GHSC MEMBERS and NONMEMBERS, and, though a plus, **Spanish is not a requirement**
- Important Dates:
  - Trip Dates: March 12\(^{th}\)-19\(^{th}\) 2016
  - September 3rd by 4:00pm - **You must email applications to Chris.Catrenich@dmu.edu in the Global Health office**
  - September 14\(^{th}\)-Interviews Begin
  - Mid-October --First Trip Meeting and deposit due
  - November-Second trip meeting and Fundraising information
- If you have any other questions please contact one of the GHSC Service Trip Leaders. **International Trip Leaders:** Ellen Barton ([Ellen.C.Barton@DMU.edu](mailto:Ellen.C.Barton@DMU.edu)), Marshall Sheide ([Marshall.G.Sheide@DMU.edu](mailto:Marshall.G.Sheide@DMU.edu)), and Michaela Simmons ([Michaela.L.Simmons@DMU.edu](mailto:Michaela.L.Simmons@DMU.edu)). **Domestic Trip Leader:** Jim Renier ([James.M.Renier@DMU.edu](mailto:James.M.Renier@DMU.edu)).
2016 GHSC Application
International/Domestic
Service Trip

Trip Preference:
Dominican Republic: ☐
Kentucky: ☐
Either: ☐ Rank: 1_________2_________

Name: ___________________________ Email: ___________________________
Program & Year: ___________________ Cell Phone: _______________________
Passport Expiration Date (International Trip Only): _______________________

What is your Spanish-speaking ability (circle one):

1  2  3  4  5

1 = single words, not conversational
3 = some conversation ability
5 = fluent, conversation ability in all situations

** List any previous Spanish language training or experiences:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Please mark the following if any apply:

☐ I have participated on a DMU service trip in the past. When? _________
☐ I have applied in the past but have never been a trip member.
☐ I am interested in becoming a First Year Service Trip Leader.
☐ I am a Registered Nurse with a nursing license valid thru March 2016
1. On a separate sheet of paper, please briefly (no more than 2 paragraphs per response) answer the following questions:

   a. Why would you like to go on the service trip?

   b. What experience do you have interacting with people who are different from yourself?

   c. List personal qualities, jobs, life experiences, interests, etc. that you feel provide a good foundation for your participation in this experience.

   d. How will you as a participating team member contribute to the overall success of the service week both before, during and after the trip? (i.e. socially, clinically, skill based, fundraising, preparation, etc)

   e. Is there anything else you would like us to know when we are considering your application?

2. If you went on this trip last year, please ONLY answer the following questions:

   a. How do you feel you contributed to the success of the group?

   b. What, if anything, would you do differently if you were to participate as a returning member?

All students selected to participate are expected to assist with group fundraising, medicine/supply packing activities, and scheduled meetings. By signing below you are willing to make this commitment as part of your obligation as a participant.

***If selected, a non-refundable deposit is due November 1st. Amount TBD

Signature: ______________________________ Date: ____________