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| **INTENSIVE YOUTH PROGRAM APPLICATION**  This application needs to be thorough to ensure applicants are qualified, honest & ready to change. Completed applications may be emailed to [DrewAndCindyMetcalf@yahoo.com](mailto:DrewAndCindyMetcalf@yahoo.com) or you may print it, fill it out, and send a scanned or photo copy to Drew & Cindy Metcalf. Thank you for applying.  **GENERAL INFORMATION**   |  |  | | --- | --- | | Date of Application |  | | Your Birth Certificate Name (first, middle, last) |  | | Any Nick Name You Use |  | | Address |  | | Cell & WhatsApp phone #s |  | | Instagram & facebook name |  | | Email Address |  | | Date of Birth (d/m/y) |  | | Driver’s License Number and State / Province |  | | Gender | |  |  |  |  | | --- | --- | --- | --- | | Male |  | Female |  | | | Marital Status | |  |  |  |  | | --- | --- | --- | --- | | Single |  | Married |  | | | |  |  | | --- | --- | | Spouse Name |  | |   **EDUCATION BACKGROUND**  Please list all schools attended (middle school, high school, university, special training, etc.)   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **School Name** | **Location** | **Certificate / Degree** | **Years** | **GPA / Average** | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |   **EMPLOYMENT INFORMATION**   |  |  | | --- | --- | | Most Recent Employer |  | | Phone Number |  | | E-mail Address |  | | Position(s) Held |  | | Employment Start / End Date |  | | Supervisor / Manager |  | | Reason for Leaving |  | | May we contact? | |  |  |  |  | | --- | --- | --- | --- | | Yes |  | No |  | |  |  |  | | --- | --- | | Former Employer |  | | Phone Number |  | | E-mail Address |  | | Position(s) Held |  | | Employment Start / End Date |  | | Supervisor / Manager |  | | Reason for Leaving |  | | May we contact? | |  |  |  |  | | --- | --- | --- | --- | | Yes |  | No |  | |   **STRENGTHS AND SKILLS**  Please list your strengths (your gifted areas) and your weaknesses (your growth areas)   |  |  | | --- | --- | | **STRENGTHS** | **WEAKNESSES** | |  |  | |  |  | |  |  | |  |  | |  |  |   Please describe your experiences growing up. Both good and bad experiences from birth to now. Please be honest and thorough. You may use extra pages and attach them to this application.      Please mark all the following skills and abilities you may have   |  |  |  |  | | --- | --- | --- | --- | |  | Compassion |  | Computers | |  | Great With Children |  | Animals | |  | The Arts (please be specific) |  | Sports | |  | Risk-taker |  | Writing | |  | Music |  | Photography | |  | Speak Another Language |  | Marketing, Social Networking |   Please list all additional skills or abilities you can think of   |  | | --- | |  |   Please list all your interests or hobbies  How did you hear about this Program?  Why do you think this Program can help you?  Would you prefer Central America (Spanish) or North America (English)?  What dates and time frames do you have available to come be with us?  If during your Program we ask you to serve others, what type of people would you like to serve? Examples include children in poor villages, orphanages, the homeless, prostitutes, etc.  **YOUR FAITH STORY**  1. Describe your faith journey. Include experiences and people that helped shape your beliefs.   |  | | --- | |  |   2. Tell us about your relationship with Jesus and the ways you connect with Jesus   |  | | --- | |  |   3. What are your temptations? Please be honest    **PERSONAL HEALTH**   |  |  |  | | --- | --- | --- | | QUESTION | YES | NO | | Do you have any illnesses, allergies or sensitivities? |  |  | | It is important to note that our service projects can include remote locations located at an altitude of 6,000 – 7,000 ft with unique stresses and this could trigger some illnesses to flare up. Do you believe that any current or past illnesses, allergies or sensitivities may pose a challenge in these environments? |  |  | | Do you have any medical issues or physical disabilities? |  |  | | Have you ever been diagnosed with a psychological disorder? |  |  | | Have any members of your family been diagnosed with a psychological disorder? |  |  | | Has a doctor prescribed you medicine within the past year? |  |  | | Do you believe that you may have some underlying spiritual issues? |  |  |   If you answered yes to any of these questions, please explain below   |  | | --- | |  |   **PERSONAL SAFETY, DISCLAIMERS AND LIABLITY RELEASE**  It is important to note that We Help Children Inc. serves in remote, problematic and dangerous villages, orphanages, areas, and countries, and the participant may travel and serve in these areas.  The participant must be aware that they are taking a personal risk, and that We Help Children Inc. will not be liable or responsible for any incidents, problems, situations, thefts, violence, illnesses, medical issues, viruses, bacterias, animal bites, natural or man-made disasters, etc. that could take place during travel, housing, service activities, etc. Your service is voluntary, and at any time you may leave the Program by your own choice and at your own cost. We Help Children Inc. reserves the right to send any person out of the Program for any reason and at the cost of the participant.  It is critical that the participant abides by all safety precautions. By signing this document, you agree to follow all guidelines (both written and spoken) and that you are fully aware and accept the security issues and risks. You and all of your family releases We Help Children Inc. from any and all liability.  Please read the latest warnings before signing.   |  |  | | --- | --- | | Canada | [Government of Canada](http://travel.gc.ca/destinations/guatemala) | | U S A | [US Department of State](http://travel.state.gov/travel/cis_pa_tw/cis/cis_1129.html) |   I have received, read and understand the information concerning the nature of the upcoming trip, program, experiences and/or the activities in which I am likely to be involved, the means of travel, potential dangers, etc. I take full and complete responsibility for myself.  I do release We Help Children Inc., their staff, employees, volunteers, workers, partners, board of directors and everyone associated with We Help Children Inc. from any and all personal and corporate responsibility and liability for any and all consequences, injury and/or loss resulting from participation in activities, programs, service projects, etc.  I will never, under any circumstances, bring a lawsuit or file a legal complaint against We Help Children Inc. or any of its staff, employees, volunteers, workers, partners, board of directors, etc.  I promise that the way I will resolve any and all issues, grievances or problems is by following the Biblical teaching of Jesus as outlined in Matthew chapter 18 verse 15a, “If your brother sins against you, go and show him his fault, just between the two of you.” Any and all issues are to be handled confidentially and relationally. My goal will be love and honor everyone associated with We Help Children Inc. By signing below, I promise to follow all of the above statements.    Signature: Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Typing your name sufficiently serves as your signature*  Signature of Parent: \_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *If the applicant is a minor*  Witness: Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **CHURCH & MINISTRY BACKGROUND**  Please use the sections below to list the Churches, ministries and charity organizations where you have been serving and attending the past 5 years.   |  |  | | --- | --- | | Name of Organization |  | | Dates |  | | Organization / Church Address |  | | Phone Number |  | | Email Address |  | | Supervisor (name/position) |  | | Your Role |  |  |  |  | | --- | --- | | Name of Organization |  | | Dates |  | | Organization / Church Address |  | | Phone Number |  | | Email Address |  | | Supervisor (name/position) |  | | Your Role |  |  |  |  | | --- | --- | | Name of Organization |  | | Dates |  | | Organization / Church Address |  | | Phone Number |  | | Email Address |  | | Supervisor (name/position) |  | | Your Role |  |   **Please use another page if you need more space**  **BACKGROUND INFORMATION**  Please honestly answer the following questions   |  |  |  | | --- | --- | --- | | QUESTION | YES | NO | | Are there ANY past or present issues which may hinder in ANY way your serving? |  |  | | Have you ever been accused, charged, or convicted of ANY criminal offense (felony or misdemeanor) other than a parking violation? |  |  | | Have you struggled in the past or are you currently struggling with ANY addictions (alcohol, illegal drugs, pills, marijuana, cutting, pornography, etc.)? |  |  | | Is there ANYTHING from your past that may come up in the future that could hurt our ministry if you serve with us? |  |  |   If you honestly answered yes to any of these questions, thank you! Please explain in the space below. We will listen and take your personal journey and experiences into consideration.   |  | | --- | |  |     I acknowledge that I have accurately completed this application to the best of my ability, and I have been COMPLETELY HONEST with my answers.  **Signature** **Date**  *Typing your name sufficiently serves as your signature.*  ***FOR U.S. APPLICANTS -* BACKGROUND CHECK**  This form authorizes We Help Children Inc. to obtain background information and must be completed.   |  |  | | --- | --- | | Name (first, middle, last) |  | | Other names (maiden, nickname, alias) |  | | Driver’s License Number and State |  | | Gender | |  |  |  |  | | --- | --- | --- | --- | | Male |  | Female |  | | | Social Security Number |  | | Date of Birth (d/m/y) |  | | Current Address |  | | Home Phone Number |  | | Cell Phone Number |  |   If you have lived at your current address less than three years, please provide your former address   |  | | --- | |  |   If you are a college student, please provide your permanent address   |  | | --- | |  |   Alternate address   |  | | --- | |  |   In the interest of safety and security I, the undersigned applicant, authorize­­­ We Help Children Inc. to procure background information about me, prior to, and at any time during, my service and time with the organization. This report may include my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; and the state sex offender records.  **Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** .\_  *Typing your name sufficiently serves as your signature.*  ***FOR CANADIAN APPLICANTS -* POLICE CHECK**  Please provide a copy of a recent police check based on your town / city of residence for thepast 3 years.This document should clear you to serve helping youth and children.  **THIS SECTION IS ONLY FOR PARENTS OF MINORS - LIABILITY AND MEDICAL RELEASE**  As the parent(s) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, permission is hereby given for our child to participate as a participant, program member and learner with We Help Children Inc. As a participant and part of the program, we agree that there will be requirements to participate in service projects, training, orphanage work and other activities in foreign countries and cultures.  We understand and acknowledge that participation in the activities involves inherent risks of injury to our child including risks associated with transportation by motor vehicle, sickness, robbers, etc.  We agree to release We Help Children Inc, its directors, workers, partners, volunteers and everyone associated with We Help Children Inc. from any and all liability and any and all costs of damage, loss, accidents, injuries, illnesses, death, etc. We will not file a complaint, take legal action or take to court We Help Children Inc. We promise to resolve any and all issues, grievances or problems by following the Biblical teaching of Jesus as outlined in Matthew chapter 18 verse 15a, “If your brother sins against you, go and show him his fault, just between the two of you.” Any and all issues are to be dealt with confidentially and relationally. Our goal will be love and honor We Help Children Inc.  We further give our consent that, in our absence, the above-named minor may be admitted to any hospital or medical facility for diagnosis and treatment. We request and authorize physicians, dentists, and professional all staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatments of the above minor. I understand that in the case that my insurance is not accepted, I will pay all costs out of pocket.  **Insurance Carrier \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Policy Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Name of Parent(s) / Guardian(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State/Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile \_\_\_\_\_\_\_\_\_\_\_  **Person responsible for minor (if different from above)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State/Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile \_\_\_\_\_\_\_\_\_\_\_\_  **Person to notify if parent/guardian is unavailable:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile \_\_\_\_\_\_\_\_\_\_\_\_  Family Physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Signature of Parent(s) / Guardian(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_  **Signature of Parent(s) / Guardian(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_  **Basic Guidelines**  Thank you for applying to change and learn with us! These guidelines are basic for learners serving in underdeveloped areas. Please review these guidelines and consider if you will follow them.    We want you to learn and change all you can and do your best to maintain a good attitude!  **As You Stay in a Home or Orphanage:**     * **Be Thoughtful and Polite** – Some cultures are hypersensitive to Americans due to their past experiences with them. What is valued in American culture can be offensive in third world cultures (examples: being project-focused instead of relationship focused, having a take-charge attitude, being loud, demanding, insisting on personal space and rights, provocative ways of dressing, body piercings, etc.). Being a humble learner of the new culture will go a long way towards being accepted and appreciated in that culture. * **Conserve** – Some areas have limited amounts of clean water, internet, and electricity. Please help conserve by turning off lights, computers, AC or fans when no one is in the room. Also, please do not take long showers or leave water running unnecessarily. Hot water, electricity and internet are expensive luxury items in underdeveloped areas. * **Housing** – Your housing, room, community, and/or orphanage service assignment will vary based on your own change and learning program, timing, etc. Please be prepared to move to another location if asked. Flexibility, good attitude and readiness to change are keys to success! * **Speaking Spanish –** Although the initial Program will be in English, your time serving others may be in Spanish cultures. The ability to communicate in the local language helps you integrate with the orphanages, communities and cultures. It is important to work at learning from the culture you are serving. Do you have to speak Spanish to serve in Central America? No. In some locations some people speak English too. What’s important is a good attitude and desire to learn. * **Meals** – If you are staying with a family or at an orphanage, please eat with them at the times they designate. Eat their food without complaint, unless of course you have food intolerances, which you need to let people know beforehand. It is not wise to carry food to your bedrooms due to ants and bugs that invade where they find food. If you want to purchase food or eat out sometimes, you must ask a leader first if it is safe, clean or wise for consumption. It will take time for your stomach to adjust to the new culture’s foods. Getting sick sometimes is expected.      * **Clean-up** – Please keep your areas neat and tidy at all times. Your help will also be needed with cleaning, cooking, laundry, dishes, garbage, etc. Living in community requires each of us to do our part. Please model a good attitude for your leaders and the children who are watching you. * **Maturity** – Maintain a level of professionalism in all of your relationships when you are serving and representing our ministry. Especially when helping children, **be the adult**.   Here are some basic expectations:   * No pornography, drugs, smoking, tobacco or addictions * Not one hint of immorality * No romantic relationships or flirting with peers, interns, students, ministry or church group members, or people in the local community. Avoid dating drama! * One on one time with any child, youth, student, volunteer or person of the opposite gender must be avoided. This guideline prevents false accusations and relational misunderstandings. If there is a situation where you are going to help someone of the opposite gender, make sure a leader knows and approves, there is someone else with you, and it is in a public place. If you won’t follow this rule, you will be sent home. * We realize that people have different standards on music and movies. To alleviate any grey areas of personal integrity or preference, and to ensure that children do not see any questionable movies or music, please do not have any music or movies that you would not allow children to see or hear. If you have any questions, please ask a leader first. If not, any of your stuff that is in question will be confiscated. Yes, we do room checks. * Personal music and communication devices (ipods, ipads, tablets, phones, etc.) will not be allowed for private use in your room. Everything online or on the phone will be public. * **Attire / Modesty** – Don't dress for fashion or attraction; be practical. Bring clothes that cover you up. You should not wear clothes that are tight or revealing. It’s not about you and your attractiveness. It’s about learning, changing and serving. * Women serving in indigenous communities in Central America, please also bring several long skirts to wear just in case this is expected in those communities. You will be treated with more respect if you observe the culture’s dressing norms. No sleeveless tops, low cut collars or shorts above the knees should be worn. * Pants/jeans are usually appropriate wear for men and women, as well as t-shirts and long shorts. Some people prefer to wear long sleeved shirts and pants to protect against mosquitoes that can carry viruses such as Dengue. No sleeveless tops. * Please do not bring flashy jewelry or watches. These items give the wrong impression to the people who live in the poor communities and orphanages where we serve. You do not want to make yourself or our ministry a target. Assume that whatever you carry that is of value may be stolen. It’s best to not bring it. * Good tennis shoes or hiking boots are recommended. * When packing a swimsuit, do not bring a bikini or speedo. One piece swimsuits should be worn by females and swim shorts by males.      * **Visa** – Your visa is good for 90 days in Guatemala. If your stay is longer than 90 days, please let us know a few weeks prior to expiration so we can help you get an extension. After 6 months you will need to leave the country briefly then return. SO BE SURE YOUR PASSPORT HAS A MINIMUM OF 6 MONTHS left until expiration at the time of your arrival. * **Sight-Seeing** – There is a lot to do and see in Central America. When your Program is done, or when you have breaks, you are welcome to take advantage of opportunities to travel as long as it is approved and you stay with leaders. We want you to see and do as much as possible as safely as possible. ALWAYS STAY WITH THE GROUP. * **Laundry** – You will be responsible for your own laundry. Each home and orphanage has their own customs to learn, so talk to the leaders of that home to fit into their routine. * **Internet** – High-speed internet may or may not be available at some locations some of the time depending on where you are serving. If you bring a laptop, cell phone or device, you will be required to give it to a leader as soon as you arrive. You may or may not be allowed to use it. * **Video Calls** – The leaders have cell phones, and when high-speed internet is available, we can use WhatsApp, Skype, Facetime, Google Hangout or computer apps for video calls to family. * **Exchanging Money** – Guatemalan banks are very strict about exchanging American dollars for Guatemalan quetzales. They will only exchange perfectly crisp bills and reject any money that has stains, tears, writing or creases. For this reason, the very best place to exchange your money is at your local bank in the USA or Canada. They will need at least one week’s notice and will give you a good exchange rate. The next option to exchange your money is at the airports in the USA or Canada, or at the airport when you land in Guatemala. You will not get as good of an exchange rate, but they will gladly do the exchange for you. If you wait until you leave the airport in Guatemala to try to exchange your money, it becomes more difficult. Another way you can get Guatemalan money is by using local Guatemalan ATM machines. There are significant risks with this, and please talk to your bank first to make sure they allow this. * **Illness / accidents** – Please let us know if / when you are not feeling well. We want to know right away. In the event that urgent care is necessary, you will need to be prepared to pay for medical services. Health care for minor situations is relatively inexpensive in Guatemala. However, for major medical issues, YOU WILL NEED TO COME WITH YOUR OWN MEDICAL INSURANCE COVERAGE, including emergency flights covered if you need to fly back to the USA / Canada. * **Security** – It is mandatory that you respect the written and spoken expectations when it comes to protecting your well-being. This relates to advice about which foods should be avoided, locations that may be deemed unsafe, and respecting / accepting changes to plans due to security concerns. Any risk that is taken unnecessarily can put you in more danger. Coming to Central America is your choice and you assume all risk and liability. Listening to the leaders will go a long way but does not guarantee your safety. * **Community** – Please keep in mind that you will be living together with others in close proximity. Be respectful, thoughtful and polite. Rude, immature and childish attitudes will be addressed immediately. Serving in poor countries and cultures means giving up personal luxuries.   Failure to comply with these guidelines may result in an early return to the USA / Canada at your expense. I agree to these basic guidelines:  **Signature** \_\_\_\_\_\_\_\_\_ **Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Typing your name sufficiently serves as your signature.*  **Signature of Parent(s) / Guardian(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_  **Signature of Parent(s) / Guardian(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_  **Our Counseling and Ministry History, Accountability and Training**  Drew graduated from North Carolina State University with a Bachelor of Arts degree, and Wheaton Graduate School with a Master of Arts degree in Clinical Psychology. He earned licenses in two states as a professional counselor, working in residential programs, outpatient and inpatient care facilities helping struggling children, adults and families. Before moving to Central America, Drew was the Executive Director and Chairman of the Board of Directors of a Christian counseling agency.  It was at that counseling agency that families were bringing children who they adopted out of orphanages in Guatemala. Those adopted children and new families needed a lot of extra help due to traumas, attachment issues, deep pain, cultural differences, etc. Programs of healing and hope needed to be established within communities and orphanages in Central America. So in January 2011, Drew and Cindy moved their family to Guatemala.  Since that time, their work has expanded to multiple countries. They train people how to be excellent with children and teenagers, and how to heal minds and hearts. They have received many people into their home and ministry for change and learning programs.  Cindy attended Bible Colleges and has worked in residential programs helping children and teenagers. She is a worship leader and music teacher, using voice, piano and guitar to connect with children and teenagers. Cindy has a special gift of connecting with teenage girls who struggle, as well as using the arts to help young people learn and change.  Drew has experience overseeing counselors, training students and in healing programs. Drew and Cindy serve under the Board of Directors of We Help Children Inc. for accountability and support.  The most important thing is that Drew and Cindy are in love with Jesus. They fully believe in the healing power and love of Jesus to save and transform. When people believe, nothing shall be impossible for them. We walk people through a process of personal change and learning.  **Program Costs**  People fundraise and work to cover their own costs of personal change and learning. Fundraising and working to pay your own way is part of the job description!  Working at fundraising and paying for your own costs serves as a screen to see how serious you are about changing and learning. It is also a test of your faith. People find that as they step out in faith and tell people about their mission, God provides the funds through caring people who want to help.  The cost of the Help Me Change & Learn Program is $2,000/month. This is far less than other therapeutic programs which can be more than $30,000/month.  Our cost of $2,500/month is all-inclusive, meaning that these items will be covered: all ministries and training, personal discipleship, crisis couching, housing costs, meals, safe drinking water, utilities, laundry, trash service, a security service within the neighborhood of the program, phone and video calls, transportation, learning and serving expenses including books, workbooks and journals.  What is not covered is transportation. Things like airfare, luggage, passport, travel documents, immunizations, insurance, emergency situations, or any extra costs. Some are described below.  **Extra Costs**   1. If you do not have prior missions experience, you are invited to take a training course with the missionary organization Eastern Mennonite Missions. You can learn with short-term and long-term missionaries in their missionary training setting to help prepare you. There is a cost for that training that is offered twice a year in Pennsylvania. 2. If you want to do a Program in Central America but are not yet fluent in Spanish, we recommend that you consider taking part-time Spanish classes. We can set you up with a great Spanish tutor who will personally teach you Spanish. The rate of tutoring in Guatemala can be around $6.45/hour (50 Quetzals) and is tailor made to fit you and your schedule. 3. There are many fun things (excursions) to do in Central America including volcano climbs, zip lining, tours of Antigua, expensive restaurants, as well as shopping in the colorful local markets. Uber, taxi and bus services are available. These fun things are not included in the monthly cost. 4. While doing service projects, you may form close and lasting relationships with poor people, children in orphanages, poor communities, etc. Any donations you leave them is an extra cost that you may want to budget in.   Again, costs of your flight, luggage, passport, travel documents, immunizations, insurance and emergencies need to be factored in too when you make a fundraising budget.    **Insurance**  Some insurance companies do not cover medical costs or immunizations for travel in Central America. Please check with your insurance company for out-of-country policies.  Although some people take the risk, it is our recommendation that you choose to get vaccinated and immunized before coming to Central America. We can send you a list of recommended vaccinations.  Also note that some areas do have mosquitoes, bacterias and animals that can carry diseases. Working in orphanages can expose you to various sicknesses and issues too. If your insurance policy does not have sufficient coverage for Central America, please increase your health care coverage.  There are also companies that offer emergency services such as flights back to the United States or Canada if there is an emergency. A couple of agencies to check with include Seven Corners and International Medical Group, which has options for short-term insurance coverage.  Seven Corners website can be accessed by following this [link](http://www.imglobal.com/index.aspx?gclid=CNHIuNf3zroCFdJj7AodLnoAnQ). International Medical Group’s website can be accessed by following this [link](http://www.imglobal.com/en/index.aspx?utm_source=bing&utm_source=bing&utm_medium=cpc&utm_medium=cpc&utm_campaign=Trademarks-World&utm_campaign=Trademarks-World&utm_term=international%20medical%20group&utm_term=international%20medical%20group&utm_content=Trademarked%20Names&utm_content=Trademarked%20Names).  For minor injuries and sickness, most people simply pay out of pocket in the third world country where they are serving. The reason is that compared to the United States, costs are a fraction of the cost. However, for major medical issues good insurance can be very helpful.  Our ministry has a Medical Director who can also be available for minor medical issues.  Please be in contact with Drew & Cindy Metcalf to see if you are accepted in the Program.  If you are accepted, please make the first month’s payment a minimum of 14 days prior to arrival.  Payments are non-refundable.  Checks may be made payable to We Help Children Inc.  Mail to:  We Help Children Inc.  Ryan Sauder, Accountant  3497 New Holland Rd  Mohnton, Pennsylvania 19540 |
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You may also pay online by credit card at the website [www.WeHelpChildren.org](http://www.WeHelpChildren.org)

If there are questions regarding payment, please call accountant Ryan Sauder at 717-466-8482

If you have any questions or want to talk with us directly about the Program, we would be happy to talk with you. You may contact us by email [DrewAndCindyMetcalf@yahoo.com](mailto:DrewAndCindyMetcalf@yahoo.com) or call 570-363-2189

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