

Have a  
hug to  
spare?



SAINT FRANCIS UNIVERSITY

# Hugs United

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**FEBRUARY 26 – MARCH 6, 2011**

Have you ever wanted to have your life dramatically changed? Have you ever felt the desire to go on an international mission trip? Then Hugs United is calling your name! During Spring Break, the group will be going to Central and Latin America where they will work closely with an orphanage and provide much needed love and support. There will also be opportunities to volunteer in the local schools and possibly work on construction projects as well. A medical team and physical therapy team will also be going down and providing much needed medical attention to those less fortunate. We invite you to join the many students who are drawn to Spring Break outreach programs for opportunities to engage in service learning, interact with the orphans, and have a meaningful Spring Break.



**Hugs United application on back...**



## HUGS UNITED APPLICATION

Return completed application and deposit (\$200) to the Center for International Education and Outreach, Schwab 214.

Name: \_\_\_\_\_  
as it appears on your passport Nickname: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Date of Birth (Month/Day/Year): \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Professional License (if applicable): \_\_\_\_\_

I want to participate in international service because: \_\_\_\_\_

\_\_\_\_\_

Are there any special skills that you hope you can use on this mission trip? \_\_\_\_\_

\_\_\_\_\_

I speak Spanish (check one):  not at all  a little  basic conversation  fluently

### EMERGENCY CONTACT

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

### PERSON TO CONTACT UPON ARRIVAL IN HOST COUNTRY

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_