

# **Catholic Diocese of Dallas**

## **Medical Mission 2012**

**Deacon Charlie Stump**

**Director of Pastoral Services**

**3725 Blackburn St**

**Dallas, TX 75219**

**214-379-2883**

## **Travel Documents**

A U.S. passport valid for at least six months from the date of entry is required to enter Honduras. A visa is not required for American citizens, but tourists must provide evidence of return or onward travel. U.S. citizens are encouraged to carry a photocopy of their U.S. passports with them at all times so that if questioned by local officials proof of identity and U.S. citizenship are readily available. We often have missionaries traveling with us from other countries and they also must have a valid passport plus their visa in order to return to the U.S. As a precaution, I require that a color copy of the missionaries passport be kept on file in the Pastoral Services office in the event that a traveler loses his or her passport while traveling. During the return of our 2009 Youth Mission, one of our chaperones was detained in Houston due to mistaken identity. There was a wanted felon in the system with the same name, age and physical description as our chaperone. Even though he had his passport, he now travels with his Social Security card and a copy of his birth certificate to prove his identity.

Prior to departing on our mission trips, I will register all of our U.S. travelers with the U.S. State Department in Tegucigalpa. This again is a precaution and helps us stay in communication with the U.S. Embassy by providing our destination and my Honduras cell phone number.

I am always in constant communication with the Bishop Solé's office and the local Parish Priest to insure the safety of our Missionaries. We also rely on the local communities Delegates of the Words to keep us informed about any threats that may affect our safety.

Because of our focus as a Diocese on Safe Environment beginning in 2011 all Diocesan Missionaries will go through Safe Environment background checks and training prior to traveling.

## **Safe Environment and Safety**

As Missionaries representing the Diocese of Dallas, all participants must be cleared through an approved Safe Environment Program of the Diocese of Dallas. A current certificate of clearance must be presented along with an application for the Mission Trip. As a result of this requirement all missionaries on Medical, Dental and Young-Adult Mission trips must be 18 years or older to participate.

The safety of all missionaries should be the number one priority of all participants on the mission trip. This begins with the departure from DFW Airport and the transfer to other flights in Houston for the safety of the group that everyone remains together. With the support of Bishop Solé and the Priest of the Diocese of Trujillo, we rely on their awareness of the need for security of our missionaries.

***If you have not gone through the Diocesan Safe Environment process please let us know on your application so that we can schedule a time to go through the training and background check.***

## *Diocese of Dallas Guidelines for Honduras Missionaries*

As an ambassador of the Catholic Diocese of Dallas and respectful of my Catholic Faith, I understand that it is the responsibility of all missionaries to see to the safety and security of all who have been entrusted into our care and to follow all Safe Environment practices. It is also the responsibility of the missionaries to create a learning environment which encourages discussion, prayerful introspection and reflection. As a missionary I will be a witness of my Christian faith to those entrusted to my care as a sign of the Body of Christ reaching out to those that are suffering.

While traveling, for my safety, I agree to remain with the group and will not leave the group at anytime without the permission of the group leader.

While at the hotel, retreat center or work area, for my safety, I will not leave the property without the permission of the mission director or the group leader in charge.

On a medical or dental mission there will always be at least two people in the triage area when it is open, no one is to be left alone, and one person will carry a Honduras cell phone.

I agree to only bring carry-on luggage with my personal clothing and personal care items.

I will not bring candy, toys or gifts to be given away to the children. I will not give gifts or money to the Honduran people that come to the clinic or worksite. If I deem there is a valid need for financial assistance I will take that need to the Mission Director who will then handle the matter.

I am aware that I will be working in a tropical climate without A/C and I will dress appropriately for my work environment and my status as a missionary. (No tank tops, shorts, or flip-flops in the clinic or worksite.)

Even though I may not speak Spanish, I will respect the people of Honduras and treat them with compassion and the love of Jesus.

I will join with other missionaries in the security of personal items, money and property of the Diocese of Dallas Mission.

I recognize the importance of respectfully following all the guidelines. If these guidelines are not respected, I may be asked to return home and I understand that I will be responsible for any additional travel expenses for my early return, including transportation to San Pedro.

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Signature of Missionary

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Date

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Deacon Charlie Stump, Mission Director

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Date

**CATHOLIC DIOCESE OF DALLAS  
HONDURAS MEDICAL MISSION 2012**

**SONAGUERA FEBRUARY 7 – 12, 2012  
BONITO ORIENTAL MARCH 3 – 9, 2012**

Note: Please print

NAME: as it appears on your passport \_\_\_\_\_

Sonaguera

Bonito Oriental

\_\_\_\_\_  
Passport country    Passport Number    Date of Expiration    Date of Birth

Not valid if expiration prior to Aug. 2012

Name Badge: \_\_\_\_\_

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

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

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

Telephone:

HM \_\_\_\_\_

WK \_\_\_\_\_

CELL \_\_\_\_\_

Medical Specialty: \_\_\_\_\_

Bilingual: Yes \_\_\_\_\_ No \_\_\_\_\_ Level 1 thru 5 \_\_\_\_\_

Home Church: \_\_\_\_\_

Safe Environment Clearance Yes \_\_\_\_\_ No \_\_\_\_\_ Date of Clearance \_\_\_\_\_

Emergency Contact Person:

Name \_\_\_\_\_

Phone \_\_\_\_\_

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

**Please complete these forms and attach a color copy of your passport**

\* This information will be kept confidential