



VOLUNTEER TEAM MEMBER APPLICATION PROCESS

Thank you for your decision to serve at Hope of Life International. Your journey is about to begin, a journey where you will help change the life of others and your own life, forever. Welcome! We are excited to have you on our team!

All team members at Hope of Life International are required to complete a Short-term Volunteer Team Member Application. Your application will help us to make sure that you are serving in an area that matches your talents and passions and allow us to communicate with you. In addition, the forms are to ensure your safety as well as the safety of those involved in the work of our organization. All information in your application is maintained with the strongest standards of confidentiality, in compliance with United States law, in our U.S. office.

Please carefully read through all pages of this application packet to understand the expectations, information and documentation required for your trip. **The application and all other necessary documents must be submitted to Hope of Life no less than six weeks prior to travel; please return the completed form to your Team Leader as quickly as possible.**

Volunteer Group/Team name:

Dates of travel:

TEAM LEADER:

PERSONAL INFORMATION:

Full Name:

Male Female

Address:

City:

State:

Zip Code:

Home Phone:

Cell Phone:

Work Phone:

Occupation:

Email:

Date of Birth (MM/DD/YYYY):

Passport Number:

Relationship Status: Married Single Other

EMERGENCY CONTACT INFORMATION:

#1 Emergency Contact Name:

Relation:

Address:

City:

State:

Zip Code:

Phone Number:

Email:

#2 Emergency Contact Name:

Relation:

Address:

City:

State:

Zip Code:

Phone Number:

Email:

PERSONAL INFORMATION AND EXPERIENCE:

Do you have any skills or talents that would be helpful on the volunteer trip? Yes No

Please list:

Have you been on a mission trip before? Yes No

If yes, when and where?

Do you speak any languages other than English? Yes No **If yes, what languages?**

MEDICAL INFORMATION:

Primary Physician Name:

Phone:

Are you in good health? Yes No

Do you have or have you ever been under a doctor's care for heart problems, diabetes, depression, breathing problems, difficulty in walking, back problems or any other serious illness? Yes No

If yes, please explain:

Medical Conditions, Medications and Instructions:

Allergies (Food, Medicine, etc.):

Other Important Information:

MEDICAL INSURANCE

It is required that all team members purchase short-term medical insurance with international coverage before their trip to Guatemala. Travel insurance can be purchased through Gallagher Charitable International Insurance Services. The average cost of mission insurance is \$4 per day. You can sign up directly under our organization by following the link below or your Mission Trip Coordinator can assist you in signing up for insurance.

<https://app.travelwithgallagher.com/Affiliate/Enroll/TripLeader/1158>

RELEASE OF LIABILITY, RESPONSIBILITY OF TRAVELER, AND PERMISSION FOR TREATMENT FORM

Hope of Life International and Esperanza de Vida, their board, agents, servants, and employees, hereinafter "HOLI/EDV", act only as an agent for the **TRAVELER** in connection with all aspects of **TRAVELER'S** trip to Hope of Life International and Esperanza de Vida, commencing on the _____ day of _____, 20_____, and it is understood and agreed that **HOLI/EDV** assumes no liability for injury, damage, loss, accident, medical expenses, delay, or irregularity which may be occasioned for any reason whatsoever, due to its own acts of omissions or through the acts or omissions of any company or person engaged by **HOLI/EDV** for the purpose of transporting or housing **TRAVELER**, or in carrying out the arrangements of the trip, and **HOLI/EDV** accepts no liability or responsibility for losses or additional expenses due to delay or changes in air or other services, sickness, weather, strike, war, quarantine, or other causes. The right is reserved to **HOLI/EDV** to substitute living accommodations of similar quality to those specified in the itinerary and to cancel any trip prior to departure, in which latter case a full refund will constitute full settlement to **TRAVELER**. No refund will be made for any unused portion of the trip unless arrangements are made prior to departure from the United States of America. The use of illegal drugs is strictly prohibited throughout the trip. **HOLI/EDV** reserves the right to send any team member home at their own expense if there is an infraction of the rules or guidelines agreed upon or if deemed

necessary by **HOLI/EDV** staff in order to protect the safety, reputation, and work of the organization within the country. You will be responsible for any costs incurred by your actions. I, the Undersigned, do hereby verify that the information given in the Medical Information section of my application is correct and do hereby release and forever discharge **HOLI/EDV** from any and all claims for injury, illnesses or other damages I might have in the future as a result of my leaving the United States of America and visiting foreign countries, including my stay in any such foreign country, and travel to any such foreign country.

I further give **HOLI/EDV** and/or their representative with me on any such trip, authority to request medical and/or hospital treatment for my benefit in the event of any injury or sickness sustained by me while traveling to and from any foreign country.

I (We) have read the foregoing and understand that the above binds my executor, administrators, heirs, and me and is a full and complete release of liability of **HOLI/EDV**.

Traveler Signature

Traveler Printed Name

Date (MM/DD/YYYY)

TRAVELERS under 18 years of age must have a parent or legal guardian notarized signature. Please see below.

The **UNDERSIGNED**, are the legal parents or guardians of the **TRAVELER**, referred to above, and agree(s) to the foregoing **RELEASE OF LIABILITY, RESPONSIBILITY OF TRAVELER AND PERMISSION FOR TREATMENT FORM**.

Father Signature

Father Printed Name

Date (MM/DD/YYYY)

Mother Signature

Mother Printed Name

Date (MM/DD/YYYY)

Guardian Signature

Guardian Printed Name

Date (MM/DD/YYYY)

Please print and sign two copies of this form. One copy to be retained by you and one copy to be signed, notarized if minors and returned along with the full application, processing fee, and all other requested documentation to the Hope of Life International office, no less than six weeks prior to your trip.

UPON SIGNING THIS APPLICATION, YOU AGREE TO THE FOLLOWING:

I, the undersigned, understand that:

- a. In the event that I am not able to raise all the monies needed for my trip, any portion already submitted to *Hope of Life International* is non-refundable. If only a portion of the money needed is raised, it will remain in an account for me for up to 12 months. In that period of time, I can use the money towards another trip to *Hope of Life International*. After 12 months, if for any reason I am unable to make the trip, the money will be donated to the general fund account for *Hope of Life International*.
- b. There is a possibility of my trip being postponed due to unforeseen forces of nature or political "unrest" within the country. In these events, the trip would be moved to a later date selected by my team members.
- c. *Hope of Life International* is not responsible for any articles lost, stolen, or damaged before, during, or after my trip.
- d. *Hope of Life International* is not responsible for any accidents, sickness, or illnesses that may result during or from this trip.
- e. In the event of sickness, illness, or accident during my trip, I am fully responsible for all medical, doctoral, and hospital fees and expenses.

- f. *Hope of Life International* or *Esperanza de Vida* has permission to take film, video, and/or audio recordings, slides, and photographs of me during my trip. I understand that these images may be reproduced and used by the organization and partnering organizations for publicity and media usage including, but not limited to, websites, printed publications, etc. In order to maintain the integrity of the organization and the safety of the people they minister to. Without further consideration, I grant the organization the right to crop or treat the media at its discretion.
- g. In order to protect the safety and security of others, I agree that I will not publish the names of persons in pictures taken of the mission, the children, or of the people we meet while working at *Hope of Life International* or *Esperanza de Vida*.
- h. I will adhere to the rules and regulations of *Hope of Life International* and *Esperanza de Vida*. I will respect the staff and leadership of the organizations and the customs of the country, which I am visiting.
- i. I have read the application in full and agree to abide by the rules of *Hope of Life International* or *Esperanza de Vida*.

I HAVE FULLY READ THE ABOVE AND UNDERSTAND THE SAME.

Traveler Signature

Traveler Printed Name

Date (MM/DD/YYYY)

Notary

Date (MM/DD/YYYY)

*notary signature required if traveler is under the age of 18.