

Visions Global Empowerment and Nazareth College
Ethiopia Service-Learning Trip
(December 2018 – January 2019)

VOLUNTEER APPLICATION FORM

ALL VOLUNTEERS

Permanent Address Information:

NAME: _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ ALT. PHONE: _____

EMAIL: _____ FAX: _____

CELL: _____

OCCUPATION: _____

FOR COLLEGE STUDENTS *(Please complete in addition to above section)*

Please indicate your address, phone, and email at college:

UNIVERSITY NAME _____

DEGREE/MAJOR: _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ ALT. PHONE: _____

EMAIL: _____

Reachable at the above address until _____

PASSPORT INFORMATION

Your name exactly as it appears on your passport: _____

Number: _____ Country of Issue: _____

Expiration Date: _____

(*Please attach a copy of front page of your passport)

HEALTH INSURANCE

Insurance Carrier: _____ Policy Number: _____

Group Number (if any): _____

(*Please attach a copy of insurance of overseas coverage)

PERSON TO CONTACT IN CASE OF EMERGENCY:

NAME: _____ PHONE: _____

ADDRESS: _____

EMAIL: _____

RELATIONSHIP TO YOU: _____

ALTERNATE CONTACT NAME: _____

PHONE: _____ EMAIL: _____

ADDRESS: _____

RELATIONSHIP TO YOU: _____

Do you speak any of these foreign languages?

- _____ Amharic
- _____ American Sign Language (ASL)
- _____ Tigrinya
- _____ Ethiopian Sign Language (EthSL)
- _____ Oromo
- _____ Other, please specify: _____

What is your level or ability to speak? _____

Are you prepared to be involved with a program that requires you to give your time from roughly 7:00am thru 5:00pm daily?

PLEASE ANSWER THE FOLLOWING QUESTIONS (Attach additional sheets, if necessary)

1. Please describe any skills, talents, abilities, etc. as it relates to the service component of this trip.

2. What are your motivations in joining this trip / going to Ethiopia?

3. What experience(s) do you have volunteering or traveling under similar circumstances?

4. Do you have any questions, reservations, or concerns about the trip?

By signing this form, I declare that I have given complete and true information on this form.

Your Name: _____

Signature: _____ Date: _____

**VISIONS GLOBAL EMPOWERMENT (“VISIONS”)
MEDICAL INFORMATION AND CONSENT TO TREATMENT**

Please complete this form in its entirety. If you print the information rather than typing it, make sure that you print clearly and legibly. Attach additional pages as necessary. Finally, please date and sign the form and then send along with your application form.

Full Name (exactly as it appears on your passport):

Home Address: _____

Home phone: _____

Work phone: _____

Cell phone: _____

Passport Number: _____

Date of Birth: _____

Name, address, and telephone numbers of person(s) to contact in case of emergency (at least 2 people): _____

Name, address and telephone number of your physician: _____

List all allergies, including medications: _____

List all medical conditions: _____

I hereby consent to any reasonably necessary emergency medical treatment by any duly qualified physician or health care professional in the event that I am unable to orally provide such consent at the time of injury or illness.

PRINT NAME: _____

SIGNATURE: _____ DATE: _____

**VISIONS GLOBAL EMPOWERMENT (“VISIONS”)
VOLUNTEER AGREEMENT CONSENT LIABILITY
& WAIVER RELEASE FORM**

DUTIES AND RESPONSIBILITIES

- Volunteer agrees to volunteer services for the full and complete duration of the service activities and sessions, and to participate in all service activities following the given schedule.
- The primary concern of each and every volunteer is the health and safety of all persons involved in the program.
- The Volunteer is expected to behave in an exemplary and competent manner at all times.
- The Volunteer shall honor the laws, rules, and regulations of the host country.
- The Volunteer is prohibited from using foul or abusive language around or to the children/local community.
- The use of tobacco products is prohibited inside the campgrounds except for those areas designated for the exclusive use by the Volunteers.
- The use and consumption of illegal drugs is strictly prohibited. This policy will be strictly enforced, and any violation of this policy will subject the Volunteer to immediate expulsion from the program without reimbursement.
- A Volunteer’s failure to behave in accordance with these and any such policies as Visions may adopt will result in immediate termination of services and expulsion from the program.

CANCELLATION AND REFUND

- Visions Global Empowerment (“Visions”) reserves the right to cancel any service-learning trips at any time due to weather, natural disaster, political conflict or instability, economic turmoil, unsafe conditions, logistical hardships, and other challenges. In such event, Visions will refund to Volunteer the full program fees, minus a nonrefundable \$300 deposit, and any actual prorated expenses incurred.

GOVERNING LAW

- This Agreement, the Volunteer Agreement Consent and Release Agreement and Medical Authorization Agreement shall be governed by, construed, enforced, and the legality and validity of each term and condition shall be determined in accordance with the internal, substantive laws of the State of California, applicable to agreements fully executed and performed entirely in California.
- In the event suit is instituted against any party to this Agreement or any other agreements with Visions, the sole jurisdiction and venue for such action shall be the Superior Courts of the County of Los Angeles, State of California.
- I have carefully read this Agreement and fully understand its content and agree to abide by its terms and conditions.

VOLUNTARY PARTICIPATION

- I acknowledge that I am volunteering to be a Visions Global Empowerment volunteer during a service trip to be held during (check all that apply):

_____ ***Visions ETHIOPIA Service-Learning Trip****

Location: Ethiopia

Dates: December 2018 – January 2019

**Please note: dates and itinerary are subject to change*

GENERAL CONSENT

1. I, _____, acknowledge that I am in good health, with no present medical or psychiatric conditions requiring treatment. I have no activities limited by a physician. I have no chronic or recurring illness.
2. I acknowledge that I am going to attend a volunteer program that is being held in a country where there is a possibility of war, internal conflict, crime, disease, and general unrest.
3. I have my own health insurance, travel insurance, and will look only to them for reimbursement of any expense incurred. I understand that Visions Global Empowerment has no insurance of any type which covers me.
4. I will hold Visions Global Empowerment, its Board of Directors, officers, and members harmless from any and all injuries, accidents, or losses that may befall me whether from natural or manmade causes, foreseeable or unforeseeable, expected or unexpected.
5. I assume full responsibility for my own safety, health, and wellbeing during my flights and/or other travel to and from any residence, my time in the program host country, and other countries on my way to and from the service trip and at/during all service activities and upon my return home.
6. The undersigned further declares and represents that no promise, inducement, or agreement not herein expressed has been made to the undersigned, and that this Release & Waiver contains the entire agreement between the parties hereto, and that the terms of this Release & Waiver are contractual and not merely recital and is binding on all parties.
7. In consideration of my rights as a Visions Global Empowerment program volunteer, and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I hereby acknowledge and agree to the provisions of this Consent and Release from as follows:

ASSUMPTION OF RISK

1. I am aware that the job of a volunteer is an extremely hazardous activity. I am voluntarily participating in this activity with knowledge of the danger involved and hereby agree to accept any and all risks of injury associated therewith including, but not limited to, personal injury, bodily injury, or death.
2. As consideration for being permitted to be a Visions Global Empowerment program volunteer by Visions Global Empowerment, their respective officers, directors, and members (individually and collectively referred to herein as “Releasees”), I hereby agree that I, my assignees, heirs, successors, agents, employees, guardians, and legal representatives will not make a claim against, sue or attach the property of or make any other demand on “Releasees” on any of their affiliated organizations for injury or damage resulting from negligent behavior or acts of their affiliated organizations from all actions, claims, or demands that I, my assignees, heirs, successors, agents, employees, guardians, and legal representatives now

have or may hereafter have for injury or damage resulting from my participation as a Visions Global Empowerment program volunteer.

3. I am advised that California Civil Code Section 1542 provides that:

A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS WHICH THE CREDITOR DOES NOT KNOW OR SUSPECT TO EXIST IN HIS FAVOR AT THE TIME OF EXECUTING THIS RELEASE, WHICH IF KNOWN BY HIM MUST HAVE MATERIALLY AFFECTED HIS SETTLEMENT WITH THE DEBTOR.

I understand and acknowledge the significance and consequences of California Civil Code Section 1542 and hereby elect to waive the benefits of its provisions, with the intent that this release and waiver of liability shall include claims known or unknown, and unknown and unsuspected.

4. I understand and acknowledge that this Waiver and Release of Liability is intended as a complete and continuous release for all trips or transportation provided to me by Visions Global Empowerment.
5. I understand and acknowledge that I may seek advice from legal counsel if I have any doubt before signing this Agreement. By signing this Agreement I acknowledge that I have either sought the advice of legal counsel or wish to now intentionally waive the opportunity to talk to a lawyer by my signature on this Agreement.
6. I understand and acknowledge that by signing this Agreement, I am confirming that I understand the language used in it. I represent that if there is any word or phrase that I did not understand, that I have sought the advice of an attorney or other person for an explanation. I acknowledge that neither I nor my heirs or representative will later claim in the event of injury, death or property, damage, that I did not understand what I was signing in this Agreement.
7. I agree to hold harmless and indemnify (reimburse) the parties being released for any costs or attorney's fees that may be incurred as a result of any challenge to this Release or legal action brought in contravention of this Agreement, in litigation resulting from my injury, death or property damage, in connection with any trip with Visions Global Empowerment.
8. I understand and acknowledge that this Release is a full and complete agreement with regard to the risks I am taking by embarking on a Visions Global Empowerment trip. No other documents, oral promises or other information can be used to modify or alter the terms of this Waiver and Liability Release. This agreement is a fully integrated, final and complete statement of the agreement I have entered into. If any provision of this Release is declared invalid, the remaining provisions remain enforceable.

This Waiver and Release of Liability, when signed, shall be valid for 24 Months.

KNOWING AND VOLUNTARY EXECUTION

I HAVE CAREFULLY READ THIS CONSENT AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A FULL RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND RELEASEES AND/OR AFFILIATED ORGANIZATIONS AND SIGN THIS OF MY OWN FREE WILL AFTER BEING FULLY APPRAISED OF THE DANGERS AND RISKS INVOLVED.

Volunteer Signature

Date

Print Name