



INTERNATIONAL VOLUNTEER APPLICATION

Guatemala – La Asociacion Nuestros Ahijados de Guatemala

Email: Shannon.Hollanitsch@GodsChild.org | www.GodsChild.org

CONTACT INFORMATION

First Name: _____ Middle: _____ Last: _____

Phone: _____ Email: _____

Service Team Name: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Country: _____ Country of Citizenship: _____

Date of Birth (month/day/year): _____ Age: _____ Gender: Male Female

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Phone: _____ Email: _____

Current Address: _____

City: _____ State: _____ Zip: _____ Country: _____

GENERAL INFORMATION

Dates you plan to volunteer with our program: _____ / _____ / _____ to _____ / _____ / _____
Month Day Year Month Day Year

Please check if you will need us to arrange the following for you:

Host Family Airport Pick Up Airport Drop Off

Spanish Speaking Ability:

None Fair Good Excellent Fluent Native

Volunteer Interests (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Direct Care Work | <input type="checkbox"/> Casa Jackson Malnutrition Center |
| <input type="checkbox"/> Clerical/Office Support | <input type="checkbox"/> The Dreamer Center School |
| <input type="checkbox"/> Young Children | <input type="checkbox"/> The Scheel Center School |
| <input type="checkbox"/> High School Youth | <input type="checkbox"/> Santa Madre Homeless Shelter |
| <input type="checkbox"/> Social Worker Visits | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Grounds Keeping | |
| <input type="checkbox"/> Medical/Dental Clinics* (Must have medical background/special qualifications – please list your specific qualifications above and talk to volunteer coordinator to arrange.) | |
| <input type="checkbox"/> Other: | |

MEDICAL INFORMATION

A volunteer experience in Guatemala can be physically (the areas you work in may be 5,500-7,000 feet above sea level) and mentally challenging. Please provide all pertinent medical information.

Please describe your present health: _____

Please check all that apply:

- | | | | |
|---|--------------------------------------|---|-----------------------------------|
| <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Head Injury | <input type="checkbox"/> Asthma | <input type="checkbox"/> Mono |
| <input type="checkbox"/> Depression/Anxiety | <input type="checkbox"/> Migraines | <input type="checkbox"/> Orthopedic Problem | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Other | | | |

Please explain anything that you checked:

Other physical limitations:

Please check all that apply: CPR Certified First Aid Certified

Are you under the care of a doctor or other practitioner for any reason? If yes, please explain:

Do you need any special medical or dental services? If yes, please explain:

List all current medications (prescription, over-the-counter, herbal, and vitamins) and indicate for what condition, dosage, frequency, and duration you take them:

Are you allergic to any medications (i.e. penicillin, sulfa), insect stings, foods, or plants? If yes, please list:

Do you have any special dietary needs (i.e. vegan, vegetarian, no pork, gluten-intolerant, etc.)? If yes, please list:

By signing, you agree that all information in this application is true and complete.

Click here to enter text.
Signature of Applicant

Click here to enter text.
Date

VOLUNTEER PARTICIPANT REQUIREMENTS, DISCLOSURE & WAIVER

This Release and Waiver of Liability (the “Release”) by _____ (“the Volunteer”) in favor of The GOD’S CHILD Project, La Asociación Nuestros Ahijados de Guatemala, La Asociación Nuestros Ahijados de El Salvador, DAYA (The Destitute, Aged and Young Association) Orphanage, Mwana wa Mulungu Project, their directors, officers, employees and agents, all collectively known hereafter as “The Project”.

The Volunteer is voluntarily participating with The Project and engaging in activities related to being a volunteer supporting The Project’s mission, operations and programs. While participating in The Project’s Volunteer Program the Volunteer is doing so with The Project’s partner organization of that country (and not with The GOD’S CHILD Project). The Volunteer does hereby freely, voluntarily, and without duress execute this Release under the following terms:

The Volunteer has read this document, all rules and policies of the Volunteer Program in their entirety in the Volunteer Guidebook. The Volunteer understands and will cooperate with each item listed. The Volunteer will abide by the rules, regulations, and requests set forth by The Project. The Volunteer understands that the following is in place to ensure for the safety and well-being of all involved and that any misinformation or failure to follow policies and regulations may be cause for disqualification from the Volunteer Program and being sent home at the Volunteer’s expense.

The Volunteer agrees to not hold The Project liable or responsible from any damage to or loss of personal property, sickness or injury, which may occur while participating with The Project. The Volunteer understands that The Project will take practical precautions to minimize the chances of any incident occurring during the volunteer experience and endeavours to seek appropriate assistance, if and when needed, but will not be held responsible or liable.

The Volunteer must comply with applicable state, local and national laws regarding actual, alleged, or suspected sexual misconduct, harassment, and assault and with the procedures outlined within the Volunteer Program.

The Volunteer understands that there is a Zero Tolerance Policy regarding possession and use of drugs or other illegal substances, regardless of age, gender, culture, etc.

The Volunteer understands that from time to time, Volunteer Program participants may appear in photographs, videotapes, and publications on behalf of The Project. In consideration of participation in the Volunteer Program, The Volunteer grants full permission to The Project and/or the agents authorized by them to make and use any such record for publication, public relations, and/or advertising purposes, without limitation, reservation or any additional compensation.

AUTHORIZATION

I understand my financial commitments to this program. Upon my submission of my application, I am expected to pay any and all application and background fees to be considered an eligible candidate to volunteer with The Project. These fees are non-refundable. After being accepted as a volunteer, I am expected to pay all program fees prior to departure. I must give no less than 30 days notice of any cancellations. If I do not give proper notice, I understand I am held responsible for any and all fees incurred from my cancellation. This is including, but not limited to, my daily rate fee, host family stay, airport transfers, weekend excursion, etc. Exceptions may be made in cases of extreme emergency by the discretion of The Project leadership. Fees are non-transferable, and expire 1 year after payment.

I have carefully read and understand the requirements, disclosure and authorization. I have had the opportunity to review my rights. By my signature (including electronic) below, I certify the information provided on and in connection with this form is true, accurate, and complete. I agree that this form in original, faxed, photocopies or electronic form will be valid. I will uphold all policies, procedures and expectations by The Project. I agree to abide by any decision of The Project relative to my ability to safely complete this experience. I assume all risks associated with participating with this program. I understand The Project can end my Volunteer Program for any reason. I also recognize that The GOD'S CHILD Project is merely making this Volunteer Program available to me.

***First Name:** _____ **Middle:** _____ ***Last:** _____

Signature of Applicant

Date

A parent/guardian signature is required if the Volunteer Program participant is under the age of 18 or still in high school. During my child's Volunteer Program participation, my child will be volunteering with The Project's partner organization of that country (i.e. while volunteering in Guatemala the Volunteer is volunteering with La Asociación Nuestros Ahijados de Guatemala, etc.). This is a volunteer, individual choice activity. In consideration of the polies, requirements and waiver above, I agree to allow my child to participate as a volunteer with The Project and authorize all activities included in the program.

Signature of Applicant's Parent/Guardian

Date

Signature of Applicant's Parent/Guardian

Date

PERSONAL SAFETY, PROPERTY DISCLOSURE, AND RELEASE

Guatemala is a beautiful country and we are confident you will never forget your time here. However, it is also a nation plagued by a relatively high crime rate, occasional civil unrest, and periodic travel advisories/warnings issued by the US State Department. All visitors to Guatemala are encouraged to contact the US State Department at (202) 647-5225 or www.state.gov prior to their trip.

During your ServiceTeam Experience, it is important that you practice common sense in caring for yourself and your personal property. There is a risk that you could be injured during your trip to Guatemala, that you could become sick, or that you could lose some or all of your personal property. You could be the victim of a crime, or could be involved in an automobile or other type of accident. You will need to take every practical precaution to ensure that your ServiceTeam Experience will be safe and enjoyable, and understand that something harm could still come to you or to your personal property.

If you choose to join this ServiceTeam trip to Guatemala, you are making this choice freely, at your own risk, and without receiving any guarantees about your personal safety or the security of your personal property. You agree to assume all risks and to release your ServiceTeam group, any charity or individual that you or your ServiceTeam group has communicated with or will be volunteering with, including The GOD'S CHILD Project and La Asociación Nuestros Ahijados, from any and all responsibility and liability while you are traveling to, from, or within Guatemala.

Applicant's Full Name (please print clearly)

Parent/Guardian's Full Name (if applicable)

Signature of Applicant

Signature of Applicant's Parent/Guardian (if applicable)

*****THIS DOCUMENT MUST BE NOTARIZED*****

Sworn and subscribed before me on:

Date

State

Country

Notary Public's Signature

My commission expires on (mm/dd/year): _____

UPON COMPLETION

- Please send in this **completed application** to Shannon.Hollanitsch@GodsChild.org or by postal mail to:
The GOD'S CHILD Project P.O. Box 50668, Minneapolis, MN 55405
- Please include a **photocopy of your passport**.
- Please make checks payable to **"The GOD'S CHILD Project"**

Thank you! We look forward to having you serve with us.

**The GOD'S CHILD Project Minneapolis
P.O. Box 50668
Minneapolis, MN 55405
Tel. (612) 351-8020
Fax (763) 432-7125**

**The GOD'S CHILD Project Bismarck
P.O. Box 1843
Bismarck, ND 58502
Tel. (701) 255-7956
Fax (701) 222-0874**