

GIVE INTERNATIONAL VOLUNTEER APPLICATION FORM

When you've completed the Volunteer Application Form and the Participant Agreement Form, please mail them to GIVE International along with your first contribution (deposit) of \$1200: 272 Dewdrop Crescent • Waterloo, Ontario • N2V 0A9 • program.director@giveintl.org • 519.573.0711

APPLICANT'S CONTACT INFORMATION

Name (as it appears on passport): _____

Passport #: _____ Date of Issue: _____ Date of Expiry: _____

Male Female Birth date: _____ Age on departure date: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone #: _____ Cell Phone #: _____

Email Address: _____

HEALTH INFORMATION:

If you have any health, allergy or medical conditions that might affect your health and/or well-being during your volunteer placement, please outline them below.

Have you checked with your family physician to confirm that you do not have any pre-existing medical conditions that might prevent or restrict you from being placed in strenuous situations associated with travel and/or participation in the proposed activities and work? Yes No

Travel Medical Insurance is Mandatory: Would you like to purchase it through GIVE International?
 Yes No

If not, include your Policy Number: _____ Insurance Plan: _____ 1-800 number: _____

To ensure that we are providing a safe environment for our volunteers, and the children at our projects, we ask if any of the below circumstances apply to you? YES _____ NO _____

- I have been accused or convicted of a criminal offense involving children
- I have been accused or convicted of a sexually related crime
- I have been accused or convicted of an abuse related crime
- I have been hospitalized or treated for alcohol or substance abuse
- I have a communicable disease

If you have checked yes, we will ask for a follow up meeting

EMERGENCY CONTACT INFORMATION:

Primary Emergency Contact Person:

Name: _____ Relationship: _____

Home Phone #: _____ Cell Phone #: _____

Email Address: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

GIVE INTERNATIONAL PARTICIPANT AGREEMENT FORM

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PARTICIPANT AGREEMENT of INFORMED CONSENT

I hereby acknowledge that I have voluntarily applied for and been accepted into GIVE INTERNATIONAL'S volunteer program. I have read the information carefully and feel knowledgeable about the volunteer program for which I am applying. I understand that participation in a GIVE INTERNATIONAL volunteer trip is an experience that requires flexibility, an open mind, and putting other's needs ahead of my own. **I have read the Release of Liability below, including and specifically the Rules and Regulations section, and agree to abide by these terms.** I understand that GIVE INTERNATIONAL'S programs involve voluntary service, and cultural sensitivity, and with this in mind, I feel enthusiastic about the program and agree to contribute to a positive experience.

Participant's Signature

DATE: _____

RELEASE OF LIABILITY

Please Read Carefully: *This is a legal document. By signing this document you are assuming certain obligations and you are agreeing to give up certain legal rights; including the right to sue.*

ITINERARY: I understand that it is GIVE INTERNATIONALS' intention to offer a similar itinerary and similar placement as that described in my volunteer information package. I also understand that locations, projects, and activities evolve throughout the year, and that itineraries and activities are always subject to change. Should the need arise, GIVE INTERNATIONAL will make every effort to substitute an activity or location with something comparable.

PROGRAM CONTRIBUTION REFUNDS AND TRIP CANCELLATIONS: Due to the nature of these trips and the fact that most program donations are pre-determined, I understand that GIVE INTERNATIONAL is not required to provide any refund for late arrival, early withdrawal, or dismissal with cause. As stated on the Volunteer Application Form, and as per the Canada Revenue Agency (CRA) regulations, GIVE INTERNATIONAL is not obligated, nor permitted to refund donations for any reason. I understand that GIVE INTERNATIONAL reserves the right to cancel any volunteer program at any time if it determines that political unrest, civil strikes, environmental risks, etc., pose a threat to volunteer safety. GIVE INTERNATIONAL will do its best to offer a similar alternative program when available.

RULES AND REGULATIONS: I understand that for the health, safety, and welfare of its staff and volunteers, GIVE INTERNATIONAL requires that the rules and regulations it establishes be observed. GIVE INTERNATIONAL reserves the right to dismiss any volunteer participant that the staff believes, in their discretion, is injurious to him/herself or others, presents a safety concern or medical risk, is disruptive, or otherwise conducts him/herself in a manner detrimental to the culture and/or the program. I understand that I am responsible for any and all costs of early departure whether for medical reasons, early dismissal, or otherwise. The following cases may be cause for early dismissal from the program: (1) Unsafe behavior which includes but is not limited to: failure to wear seat belts, life jackets, helmets, and other safety equipment; (2) Behavior that is destructive, abusive, violent, or involves harassment, theft, vandalism, or chronic defiance of policies; and (3) Possession or use of any weapons, non-prescribed drugs, or narcotics.

VOLUNTEER TRAINING AND PREPAREDNESS: I acknowledge that GIVE INTERNATIONAL has provided necessary materials and resources as a condition of my participation. I understand that I have been provided with information to appropriately respond to all reasonably anticipated circumstances which may be encountered during participation in this program, including, but not limited to: cross-cultural interactions, safe food and water consumption, and personal health and safety.

PERSONAL PROPERTY LOSS: I hereby agree that GIVE INTERNATIONAL will not be held responsible for the loss, theft, or damage of personal property or equipment. GIVE INTERNATIONAL strongly advises participants not to bring expensive cameras, electronic equipment, jewelry, sunglasses, etc., unless personal insurance is purchased to protect any valuable property.

MEDICAL TREATMENT: I grant permission to GIVE INTERNATIONAL and/or its assigned partner organizations, to hospitalize, treat and order injections, anesthesia or surgery for myself should the situation arise. I further authorize the staff to use non-prescription medicine in the event of minor injuries and/or ailments. I understand and agree to pay all costs associated with medical care and transportation, including the cost of any evacuation, treatment, or medications. I understand that GIVE INTERNATIONAL has required me to purchase emergency evacuation, trip cancellation, trip interruption, and medical insurance coverage.

PHOTO/STATEMENT RELEASE: I authorize GIVE INTERNATIONAL to use any photographs/statements taken of myself/or made by myself, in any GIVE INTERNATIONAL promotional materials.

ASSUMPTION OF RISK: I understand that GIVE INTERNATIONAL has an excellent safety record. I also understand and accept the fact that these volunteer travel experiences involve inherent risks, either from civil unrest, strikes, war, terrorist acts, weather, or other dangerous conditions beyond GIVE INTERNATIONALS' control. I understand that GIVE INTERNATIONAL occasionally subcontracts various transportation companies, agencies, adventure outfitters, and facilities, and with this understanding, I agree to release GIVE INTERNATIONAL from any and all liability for any injury to person, property, delay, or irregularity caused by an act, error, omission, or default by any such subcontractor.

I firmly believe that I am capable of handling the physical and emotional experiences entailed in a GIVE INTERNATIONAL volunteer experience program. **I have read, feel adequately informed, and I consent and agree to all the terms as stated in this Release of Liability.** This release may only be modified in writing and signed by all parties.

Participant's Signature

DATE: _____

Parent/Guardian's Signature

DATE: _____