



Common Hope
FAMILY DEVELOPMENT IN GUATEMALA

Team Name: Guatemala Surgery
Travel Dates

GUATEMALA SURGERY TRIP

Volunteer Information and Release Form

Please complete this entire form, including the release and liability form and return immediately. Enclose a photocopy of the first page of your passport and a photocopy of your medical license with your completed form.

If you are awaiting a passport, return this form at this time and send the passport copy later.

Mail this form to : **Susan Graber, 5039 Bryant Avenue South, Minneapolis, MN 55419**

Name last		first		name you would like to be called	
Address street		City		State Zip	
Home Phone		Work Phone		Date of Birth	
				Male <input type="checkbox"/> Female <input type="checkbox"/>	
Email			Fax		
Place of Employment			Occupation What desired role and special skills do you have for this trip? <i>If you are a medical volunteer, please include a copy of your current medical license.</i>		
Name exactly as it appears (or will appear) on your passport (required)			Passport # <i>Please attach a copy of the first page of your passport to this application.</i>		
<u>Physical fitness / limitations</u> (i.e. no lifting over 30lbs, back problems, heart condition, overheat easily, trouble breathing @ altitude 5000ft, unable to walk more than 2 miles, etc.)					
Medications and for what conditions (list)					
Are you covered by accident and health insurance? Yes <input type="checkbox"/> No <input type="checkbox"/>			Name of insurance provider		
Is coverage provided for foreign travel?			If yes, for how many days?		

Do you sponsor a child through Common Hope?	If yes, state child's name, gender & sponsor's name (if not you)
Yes <input type="checkbox"/> No <input type="checkbox"/>	

In Case of Emergency, Please Contact: (List two contacts)

*If under 18 years of age, one of the contacts should be a parent(s)

EMERGENCY CONTACT #1	
Name(s)	Relationship
Full Address (street, city, state, zip)	
Home Phone	Work Phone
() -	() -
EMERGENCY CONTACT #2	
Name(s)	Relationship
Full Address (street, city, state, zip)	
Home Phone	Work Phone
() -	() -
<p>Do you speak/write Spanish?</p> <p>Would you feel comfortable translating in Guatemala?</p>	

IMPORTANT:

- Include a photocopy of the first page of your signed passport with this form.
- Medical volunteers – please include a photocopy of your medical license with this form.

PHYSICIANS:

Please include a copy of your Board Certification OR a letter from your hospital indicating your position.

TRAVEL AND HOTEL ARRANGEMENTS

AIRFARE

Please check one of the following:

- I have made my own reservation and will travel with the team.
- I will travel with the team
- I have made my reservations but will not travel with the team.

If you did not purchase your ticket yet, please indicate what your plans are. We encourage the team to travel to Guatemala together since we will have the Hermano Pedro staff meet us at the airport, help us thru customs, and take our medical luggage directly to the hospital.

If you have made your reservations, please include a copy of your air itinerary OR write your itinerary in the space below:

HOTEL

Please check one of the following:

- I am willing to share a room with _____
- I prefer my own room, if possible
- I have no preference

Release of Liability Form



I, _____, hereby agree to abide by and adhere to the standards of ethical and professional conduct as set forth by Common Hope.

I further state that I am participating as a volunteer to Guatemala of my own free and voluntary will and understand the risks involved in doing so.

I understand that Common Hope is sponsoring the **Guatemala Surgery Trip**, _____
(fill in the date of the trip) and that the following persons have volunteered to help enlist participants, arrange and manage the Trip: **Jack Graber and Sue Graber**
[name parties to be included]

When referring to Common Hope throughout the balance of this release form, it is intended that the release relate only to this specific trip and that all of the persons named above shall be included in the releases, hold harmless provisions, indemnities and covenants not to sue hereinafter provided to the same extent as provided to Common Hope.

In consideration for being allowed to participate in the volunteer program, I agree to hold harmless and release Common Hope and its officers, directors, and employees from any liability due to accident, illness, death, injury, travel by air, travel by ground transportation or acts of violence that may occur for whatever reason. I agree that Common Hope, its officers, directors, its employees and the persons named above are not in any way responsible for my welfare, well-being, safety, health, while participating as a volunteer. I covenant not to sue any of the released parties for any of the released claims. I acknowledge receipt of the Consular Information Sheet as to current travel conditions and warnings regarding travel to Guatemala.

I understand and am aware that my participation in the program may expose me to certain risks and dangers, including but not limited to, the hazards of travel by various means of conveyance; the hazards of politically unstable areas; the dangers of civil disturbances and war; the forces of nature; acts or missions of the Common Hope, their respective agents, employees, officers, directors, associates, affiliated companies, subcontractors, or cooperating agencies or organizations; and accidents or illness in places without access to medical facilities, transportation, and/or means of rapid evacuation or assistance.

I have had the opportunity independently familiarize myself concerning the risks herein described and have satisfied myself that there are grave risks associated with the [name][date] Trip. I am aware that my participation in as a volunteer and my use of transportation, housing and dining services, and other goods and services in connection with my participation carry a risk of serious personal injury, serious illness, death and property damage or loss. I expressly and voluntarily assume all risk of injury, illness, death and property damage or loss that may result from my participation as a volunteer in and/or my use of goods and services in connection with my participation.

I accept all responsibility for loss or additional expenses, including, but not limited to delays or other unforeseen causes.

I understand that Common Hope may notify the person or persons that I have listed as an emergency contact in the event that I become seriously ill or am involved in an emergency situation during the

volunteer program. In the event that I am unable to make my own medical decisions, a Common Hope representative may have to make those on my behalf.

I further authorize the staff of Common Hope to obtain emergency medical treatment under the supervision of a physician and/or surgeon, should treatment be necessary. I release Common Hope from any claim whatsoever which arises on account of any first aid, treatment, or service rendered in connection with my activities with Common Hope.

I have reviewed Common Hope's short-term volunteer insurance (see Common Hope Vision Team Manual) and understand that it does not cover pre-existing conditions, is not intended to replace my personal medical insurance, and only provides specified coverage for the duration of the trip. I have also reviewed my own medical insurance and acknowledge that it provides sufficient medical coverage for me on this trip. I further agree that if any illness, injury or bodily harm should come to me while participating as a volunteer, that Common Hope is not financially responsible in any way for medical care, transportation or any other costs that should arise.

I further agree to conduct myself in accordance with Common Hope's policies on alcohol and general behavior, as expressed in its Vision Team Manual. I understand that Common Hope reserves the right to send me home if I fail to comply with its policies. I authorize Common Hope the right to release any photos or news about my experience through the organization.

This Release of Liability shall be effective for all orientation meetings, and for the entire duration of the Guatemala Surgery Trip, including passage to and from the United States of America.

Should any of the provisions of this Release, or portions thereof, be found to be invalid by any court of competent jurisdiction, the remainder of this Release shall nonetheless remain in full force and effect. This Release shall be construed under the laws of the State of Minnesota.

Note: if applicant is under 18 years of age, this form must be co-signed by a parent or legal guardian.

Signed: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____
(Required for applicants under 18)

Common Hope
PO Box 14298, Saint Paul, MN 55114
(651) 917-0917