



Volunteer Trip Registration, Waivers, & Covenants

Trip Information

Trip Name and Dates _____

Destination

Uganda

India

Trip Leader

Alexa Major

Brandy Young

Dan Strempeke

Steve Swigert

Steve Meinzen

Mike Hafner

Trip Type

Project

Training

Internship & Research

Trip Pricing

**Because of lodging and transportation expenses, trip fees vary depending on your destination and duration of travel. Field of Hope will pay for hotels, meals, and in-country transportation from the Trip Fees collected from each participant.*

Trip Fee _____ Should *Field of Hope* invoice you directly for your trip?

Yes

No

If trip expenses are less than trip fees collected, how would you like to handle the remainder?

Donate to *Field of Hope* projects

Receive a refund

Personal Information

**We never share any information*

Your Full Name as it appears on Passport _____

Nickname _____

Gender

_____ Male

_____ Female

Date of Birth MM/DD/YYYY _____

Your Contact Information

Mobile Phone Number _____

eMail Address _____

Street Address 1 _____

Street Address 2 _____

City _____ State _____ Zip _____

Passport Number _____ Expiration Date MM/DD/YYYY _____

**Enter 123456789 and today's date if you do not have a passport yet*

Number of times you've traveled previously with *Field of Hope*

_____ My first time

_____ 1

_____ 2

_____ 3

Are you part of a church, university, organization, or other group? _____ No

_____ Church

_____ University

_____ Organization

_____ Other

Group Name _____

What is your role in this group?

_____ Team leader

_____ Team member

Medical Information

If you are age 18 or under, please provide this information for your parents/guardians.

Emergency Contact 1 _____
Phone Number _____
eMail Address _____

Emergency Contact 2 _____
Phone Number _____
eMail Address _____

Personal Physician _____
Phone Number _____

Medical Insurance Company _____

Medical History (list any chronic or existing medical problems, diseases, allergies, etc.)

**We never share any information*

Medications and supplements taken regularly

I have purchased the mandatory Travel Medical Insurance _____ Yes _____ No

Provider _____

Effective Dates _____

Coverage Value _____ Deductible _____

Volunteer Release and Waiver of Liability Form

We appreciate and thank you for your volunteer service to *Field of Hope* and to the people we serve. At the same time, we must be prudent and wise stewards of *Field of Hope*. Accordingly, we are including this statement as a part of the Registration Packet.

This Release and Waiver of Liability (the “release”) executed on _____ (date) by _____ (“Volunteer”) releases *Field of Hope*, an Illinois Not-for-Profit corporation, and each of its directors, officers, employees, and agents. The Volunteer desires to provide volunteer services for *Field of Hope* and engage in activities related to serving as a volunteer.

Volunteer understands that the scope of Volunteer’s relationship with *Field of Hope* is limited to a volunteer position and that no compensation is expected in return for services provided by Volunteer; that *Field of Hope* will not provide any benefits traditionally associated with employment to Volunteer; and that Volunteer is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of Volunteer’s services to *Field of Hope*.

1. Waiver and Release. I, the Volunteer, release and forever discharge and hold harmless *Field of Hope* and its successors and assigns from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from the services I provide to *Field of Hope*. I understand and acknowledge that this Release discharges *Field of Hope* from any liability or claim that I may have against *Field of Hope* with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to *Field of Hope* or occurring while I am providing volunteer services.
2. Insurance. Further, I understand that *Field of Hope* does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health, or disability benefits or insurance. I expressly waive any such claim for compensation or liability on the part of *Field of Hope* beyond what may be offered freely by *Field of Hope* in the event of injury or medical expenses incurred by me.
3. Medical Treatment. I hereby Release and forever discharge *Field of Hope* from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a volunteer with *Field of Hope*.
4. Immunization Statement. I affirm that *Field of Hope* has urged me to seek advice from professionals in travel medicine regarding immunizations and medications required or advised prior to going on this trip and has advised me to receive all such immunizations

and medications. Should I choose not to receive these immunizations or medications, I hereby assume full responsibility and do hereby release *Field of Hope*, its officers, board members, and volunteers from any and all liability and responsibility in connection with this trip.

5. Assumption of Risk. I understand that the services I provide to *Field of Hope* may include activities that may be hazardous to me, involving inherently dangerous activities. As a volunteer, I hereby expressly assume risk of injury or harm from these activities and Release *Field of Hope* from all liability.
6. Photographic Release. I grant and convey to *Field of Hope* all right, title, and interest in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by *Field of Hope* in connection with my providing volunteer services to *Field of Hope*.
7. Other. As a volunteer, I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Illinois and that this Release shall be governed by and interpreted in accordance with the laws of the State of Illinois. I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.

Signature of Participant

Date

Signature of Parent/Guardian (if under 18)

Date

***Field of Hope* Team Covenant**

We are humbled by your willingness to volunteer and partner with *Field of Hope* on this trip and will work hard to make your trip as worthwhile, meaningful, and enjoyable as possible. This Covenant has been developed to share essential points about *Field of Hope*, the adventure ahead, and the sights and sounds you will experience. We invite you to discuss these points with us, if you have questions.

We ask that you agree to this Covenant by initialing each statement and signing and dating at the end.

You may have traveled internationally, even to the developing world. Nevertheless, your trip to Northern Uganda or India may be like nothing you have ever experienced. ALL of your senses will be assailed, and you may see conditions that are heartbreaking.

_____ Each of the *Field of Hope* trips will have a designated Trip Leader. Although there may be several *Field of Hope* persons present, only one will be the Trip Leader. If you have any questions, issues, or problems, never hesitate to talk with the Team Leader.

_____ *Field of Hope* does not work independently in Uganda or India. We do our work through local partners that have been vetted and with whom we have built strong relationships. We take our relationships with these partners very seriously. These partners guide our actions and our responses to situations that occur. If challenges arise, the Team Leader will consult with our partners.

_____ Uganda and India are developing countries. Events and situations rarely turn out the way we plan. When things aren't going smoothly and our plans are being challenged, please stay calm and thank God for what He may do in the situation. Develop and maintain an accommodating, supportive, and cooperative attitude toward the people with whom we work, our trip leaders, and others on the team.

_____ You will see great poverty and people struggling for survival. You may feel a strong desire to help. That response is completely normal, but please resist the urge to intervene. Don't make any promises for support or help, because local people will expect *Field of Hope* to follow through on your commitments. We have seen too many situations where a helping hand can actually do harm and create dependence that lasts much longer than your trip.

_____ On your travels with *Field of Hope*, you may find people who ask you for money or possessions. Please resist the urge to comply with these requests. While in public, keep your valuables such as phones, cameras, electronics, money, and jewelry out of sight as much as possible.

_____ Don't forget that we are guests in a foreign country. Please refrain from making negative comments about the appearance, apparel, or behaviors, including methods of worship, of the native citizens. Remember, the culture you are visiting is very different from the one in which you have grown up. Speak positively and choose compliments or silence over complaints and criticism.

_____ Please refrain from gambling, smoking, or drinking alcoholic beverages, as these may be viewed negatively in different cultural contexts, and *Field of Hope* and our partners work hard to portray a positive image.

_____ You will see many things that will amaze you, and your immediate reaction will be to document your trip with pictures. We ask for your discretion. Taking pictures of nature and the land is fine, but please be sensitive about photographing people, especially when they are in difficult situations. We have seen instances where local people have become angry or want to be paid after their picture was taken.

With any circumstance, if you have questions, please discuss with the Team Leader for guidance.

Signature of Participant

Date

Signature of Parent/Guardian (if under 18)

Date
