

LET'S GO TO GUATEMALA!

COMPLETE THE
TEAM MEMBER APPLICATION



FULL NAME AS IT APPEARS ON YOUR PASSPORT <small>(PLEASE ALSO SCAN AND ATTACH A COPY OF PASSPORT. COPY IS KEPT IN CASE OF EMERGENCY)</small>	PASSPORT EXPIRATION (Passport should be valid at least six months beyond trip dates)
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ADDRESS, CITY, STATE, ZIP	PHONE <input type="checkbox"/> CELL <input type="checkbox"/> LANDLINE
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DATE OF BIRTH (MM/DD/YY)	MALE	FEMALE	NICK NAME OR PREFERRED NAME	EMAIL
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	<input type="checkbox"/>	<input type="checkbox"/>		
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NAME OF TEAM YOU'RE JOINING	PLACE OF EMPLOYMENT	OCCUPATION (PREVIOUS IF RETIRED)
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ALMA MATER	FAITH COMMUNITY (WITH CITY & STATE)
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DO YOU SPONSOR A COMMON HOPE STUDENT?	STUDENT'S NAME & ID NUMBER
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<input type="checkbox"/> YES <input type="checkbox"/> NO	
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WHAT IS YOUR LEVEL OF SPANISH?	IS THIS YOUR FIRST VISIT TO CH IN GUATEMALA?
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<input type="checkbox"/> NONE <input type="checkbox"/> BEGINNER <input type="checkbox"/> INTERMEDIATE <input type="checkbox"/> ADVANCED	<input type="checkbox"/> YES <input type="checkbox"/> NO
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FITNESS LEVEL AND/OR PHYSICAL LIMITATIONS (CONFIDENTIAL)
Examples: no lifting over 30lbs, back problems, heart condition, overheat easily, trouble breathing at 5,000ft altitude, unable to walk more than 2 miles, etc.

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IN CASE OF EMERGENCY, PLEASE PROVIDE A LIST OF PRESCRIBED MEDICATIONS (CONFIDENTIAL)
AND CONDITIONS FOR WHICH YOU TAKE THEM

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ALLERGIES OR DIETARY NEEDS (INCLUDING VEGETARIAN)
Our staff does their best to accommodate dietary needs, but please bring supplemental food items if you have a very strict diet.

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IS THERE ANYTHING ELSE YOU WOULD LIKE US TO KNOW?

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Please provide Common Hope with two emergency contacts. If traveler is under 18 years of age, one contact must be a parent(s).

NAME(S) OF EMERGENCY CONTACT #1	RELATIONSHIP
HOME/CELL PHONE	WORK PHONE

NAME(S) OF EMERGENCY CONTACT #2	RELATIONSHIP
HOME/CELL PHONE	WORK PHONE

PAYMENT INFORMATION

Please provide Common Hope with the following payment information. Credit card information is kept strictly confidential.

CREDIT/DEBIT CARD NUMBER (CONFIDENTIAL)	CARD TYPE (VISA, MASTERCARD, DISCOVER, AMEX)	EXPIRATION DATE

VISION TEAM PAYMENT OPTIONS Please indicate which type of Vision Team you are participating in below. The Vision Team fee may be paid in two installments. The initial deposit is due upon registration and the final payment is due at least 60 days prior to departure.

- Vision Team**
 Vision Team Junior
 Team Builder
 Dental Team

Please read the payment options below and check the box with your preference:

- I choose to pay my Vision Team fees in two installments**
 I understand that my card will be charged upon registration and then again 60 days prior to departure day.
- I choose to pay my Vision Team fees in one installment.**
 I understand that my card will be charged upon registration for the total amount.
- I choose not to fundraise. Please also charge my card for the full fundraising requirement.** This portion is a tax-deductible donation. Card will be charged upon registration.
- I would like to purchase a food bag for \$35.**
 I understand that my card will be charged an additional \$35 for a food bag for my sponsorship visit.

PAYMENT AUTHORIZATION

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

- By checking this box and signing below, I certify that all of the information provided in this application is true, correct and complete. I verify that I am signing this document electronically and authorize payment to Common Hope.

Signed:		Date:	
Parent/ Guardian Signature:		Date:	

(Required for applicants under 18)

FOR INTERNAL USE ONLY	NOTES
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Date for 2 nd payment:	
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LIABILITY RELEASE AND PHOTO/PRINT RELEASE

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.

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. I agree that Common Hope, its officers, directors, and employees are not in any way responsible for my welfare, well-being, safety, health, while participating as a volunteer. I acknowledge receipt of the Vision Team Resource Guide 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 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 the 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 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.

As a Common Hope volunteer, you grant Common Hope permission to use photos, videos, and trip evaluation comments in publications, web pages, brochures and press releases in order to continue promotion of Common Hope and the Vision Team program. Please inform us by phone or email if you do not grant us permission.

VERIFY AND AGREE

Please initial below to verify that you have read the information outlined in the Vision Team Resource Guide and agree to the following statements:

1. I have read about security in Guatemala in the Vision Team Resource Guide and will abide by Common Hope's safety rules during my Vision Team Experience.
2. I have read the cancellation and payment policies and agree to the terms outlined in this document.
3. I have read the Vision Team Resource Guide and understand what is expected of me as a Common Hope Vision Team Member.

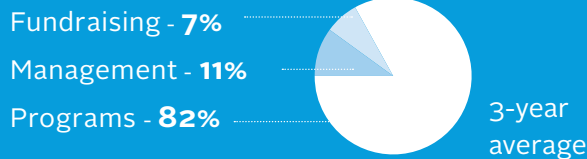
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Common Hope's mission is to promote hope and opportunity in Guatemala, partnering with children, families, and communities who want to participate in a process of development to improve their lives through education, health care, and housing.

USE OF FUNDS »



Common Hope is a 501(c)(3) not-for-profit corporation founded in 1986 and is audited annually. Contributions are 100% tax deductible as allowed by law.

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