

**LET'S GO TO GUATEMALA!**

**COMPLETE THE  
TEAM MEMBER APPLICATION**

FIRST NAME (NAME YOU PREFER TO BE CALLED/NICKNAME)		LAST NAME		NAME OF TEAM YOU'RE JOINING	

ADDRESS				EMAIL	

PHONE NUMBER	LANDLINE	CELL	ALMA MATER	FAITH COMMUNITY (WITH CITY & STATE)	
	<input type="checkbox"/>	<input type="checkbox"/>			

DATE OF BIRTH	MALE	FEMALE	PLACE OF EMPLOYMENT	OCCUPATION (PREVIOUS IF RETIRED)
	<input type="checkbox"/>	<input type="checkbox"/>		

DATE OF BIRTH	MALE	FEMALE	PLACE OF EMPLOYMENT	OCCUPATION (PREVIOUS IF RETIRED)
	<input type="checkbox"/>	<input type="checkbox"/>		

**FULL NAME AND EXPIRATION DATE AS IT APPEARS ON YOUR PASSPORT (PLEASE ALSO SCAN AND ATTACH A COPY)**  
**Passport should be valid at least six months beyond dates of your trip.** A copy of your passport is kept in case of emergency.

**NAME OF HEALTH INSURANCE PROVIDER AND POLICY NUMBER:** Common Hope keeps health insurance information on file in case of an emergency.

**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.

**PRESCRIBED MEDICATIONS AND CONDITION(S) FOR WHICH YOU TAKE THEM IN CASE OF EMERGENCY (CONFIDENTIAL)**

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

**DO YOU SPONSOR A CHILD WITH COMMON HOPE? PLEASE PROVIDE THEIR NAME**

IS THIS YOUR FIRST VISION TEAM?	IF NOT, HOW MANY HAVE YOU BEEN ON AND WHEN?

DO YOU SPEAK/WRITE SPANISH?	IF YES, WOULD YOU FEEL COMFORTABLE INTERPRETING DURING YOUR TRIP?

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**PLEASE LIST SPECIFIC SKILLS YOU COULD OFFER DURING YOUR VISION TEAM WEEK**

**WHAT ARE YOUR PERSONAL GOALS FOR THIS VISION TEAM TRIP? PLEASE WRITE A BRIEF DESCRIPTION.**



**PAYMENT INFORMATION**

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

CREDIT/DEBIT CARD NUMBER (CONFIDENTIAL)	VISA, MASTERCARD, OR DISCOVER (AMERICAN EXPRESS NOT ACCEPTED)	EXPIRATION DATE

**VISION TEAM PAYMENT OPTIONS** The cost to participate in the Vision Team program with no customization is \$1,500. Of this amount, \$500 can be fundraised. The Vision Team fee covers your week at Common Hope and is \$1,000 per person.

The Vision Team fee may be paid in two installments. The initial \$500 deposit is due upon registration and the final payment of \$500 is due at least 60 days prior to departure.

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

- I choose to pay my Vision Team fees in two installments of \$500.** 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 of \$1,000.** 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 \$500 fundraising requirement.** This portion is a tax-deductible donation. Card will be charged upon registration.

FOR INTERNAL USE ONLY	NOTES
Date for 2 <sup>nd</sup> payment:	

**EMERGENCY CONTACTS**

Please provide us with two emergency contacts. If under 18 years of age, one of the contacts must be a parent(s).

NAME(S)		RELATIONSHIP	
STREET ADDRESS	CITY	STATE	ZIP CODE
HOME/CELL PHONE		WORK PHONE	

Emergency contact information is continued on the following page. ►



NAME(S)		RELATIONSHIP	
STREET ADDRESS	CITY	STATE	ZIP CODE
HOME/CELL PHONE		WORK PHONE	

Please check here if you do not want your emergency contacts added to our mailing list.

**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.

**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 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 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.**

**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)

**US » Common Hope**  
1400 Energy Park Drive  
Suite 23  
St. Paul, MN 55108  
phone 651.917.0917

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**GUATE » Familias de Esperanza**  
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Antigua, 03901 Sacatepéquez  
Guatemala, Centro América  
www.commonhope.org

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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.

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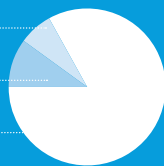
**USE OF FUNDS »**

Fundraising - 7%

Management - 11%

Programs - 82%

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3-year  
average



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.

*Common Hope would like to thank Martin LaVenture, Léna Seltzer, and Chelsea Petree for some of the photos you see featured in this book.*

