

HELPING HANDS HEALTH EDUCATION

APPLICATION FORM

948 Pearl Street
Boulder, CO 80302

Phone: 303/448-1811
Fax: 303/440-7328

I am volunteering for Helping Hands as a: _____ (position) in Nepal _____ Nicaragua _____.
from: _____ (month/year) to _____ (month/year)

GENERAL INFORMATION

Name: _____ Occupation: _____
last first M.I.

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Home Phone: (____) _____ Work Phone: (____) _____

e-mail address: _____@_____

EMERGENCY CONTACTS (please provide two)

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Address: _____

Address: _____

Telephone:
(____) _____

Telephone:
(____) _____

PERSONAL INFORMATION

Date of Birth: _____

Sex: Female Male

Marital Status: _____

Citizenship: _____

Do you have a valid passport? Yes No

Passport #: _____

Country of Issue: _____

Expiration Date: _____

Have you ever been convicted of a serious offense for which you have not been pardoned? Yes No

If yes, please explain: _____

Have you ever had a professional license revoked, suspended, or restricted?

If yes, please explain: _____

WORK REFERENCES

1. Name: _____ Occupation/Position: _____
last first M.I.

Address: _____

City: _____ State: _____ Zip: _____ Country : _____

Home Phone: (_____) _____ Work Phone: (_____) _____

e-mail address: _____ @ _____

2. Name: _____ Occupation/ Position: _____
last first M.I.

Address: _____

City: _____ State: _____ Zip: _____ Country : _____

Home Phone: (_____) _____ Work Phone: (_____) _____

e-mail address: _____ @ _____

PERSONAL REFERENCES

(PLEASE PROVIDE 2 PERSONAL REFERENCES; NO CO-WORKERS PLEASE)

1. Name: _____ Occupation/Position: _____
last first M.I.

Address: _____

City: _____ State: _____ Zip: _____ Country : _____

Home Phone: (_____) _____ Work Phone: (_____) _____

e-mail address: _____ @ _____

2. Name: _____ Occupation/ Position: _____
last first M.I.

Address: _____

City: _____ State: _____ Zip: _____ Country : _____

Home Phone: (_____) _____ Work Phone: (_____) _____

e-mail address: _____ @ _____

Initial Below

_____ I understand that as a participant in Helping Hands I will function as a full volunteer, paying my own travel, maintenance and other incidental expenses.

_____ I understand that travel and living conditions are difficult and different from my conditions in Nepal / Namibia and I possess the necessary skills and capability to camp outdoors for an extended period of time.

_____ I understand that I will be working in a cross cultural setting with a group of individuals from varied backgrounds and sometimes very different value systems.

_____ I understand that overseas travel and work requires reasonably good physical conditioning and it is my responsibility to inform HELPING HANDS of any health problems or concerns I may have.

Personal Statement

Please provide a written statement describing what you hope to accomplish and what you expect to gain by serving with Helping Hands.

I hereby declare that the foregoing information is true and complete to the best of my knowledge.

Signature

Date

Along with your completed application, please provide **HELPING HANDS** with the following items:

1. RESUME CONTAINING THE FOLLOWING INFORMATION:

- Education:
 - post-secondary, starting with most recent schooling
 - degree(s) and areas of specialization
 - dates, name and location of University or Institution
 - any relevant courses or certificates
 - list of jurisdictions where currently licensed

- Work Experience:
 - list last five years, starting with most recent
 - list major responsibilities
 - list supervisory or training roles
 - list any related work or volunteer experience

- Secondary Skills
 - list any other skills you possess that you feel would be relevant to your work in Nepal

2. RELEASE OF LIABILITY

Please sign the attached “Helping Hands Application Release of Liability, page 5 of this application

3. REFUND POLICY

Cancellation/Refund Policy:

<u>Date of Cancellation</u>	<u>Refund</u>
60 days prior to departure	100% of total payment, minus deposit and airline cancellation fees
45 days prior to departure,	75% of the total payments is refundable, minus the deposit.
30 days prior to departure	50% of total payment, minus deposit and airline cancellation fees
Fifteen days prior to departure	no refund, except for whatever refund we get from the airline
if Helping Hands cancels program	100% of total payment minus deposit and airline cancellation fees.

All cancellations must be submitted in writing. No refunds for cancellations within 5 days of departure.

Additional Policies: **HELPING HANDS** reserves the right to refuse admission to or to expel anyone who is a danger to the environment, himself/herself, or others; who exhibits gross misconduct; or who is unable to safely or satisfactorily complete the service project.

I understand that there is a \$500 deposit/administrative fee to be a Helping Hands volunteer. I also understand that this deposit is non-refundable in the case of cancellation. I agree to all of the refund terms stated above.

Helping Hands Volunteer Signature

Date

HELPING HANDS APPLICATION
RELEASE OF LIABILITY

THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS, READ IT CAREFULLY !

I, _____ am aware that traveling, trekking, mountaineering and wildlife safari outside the United States and in the mountainous terrain of Nepal or in the wild jungles of Namibia are hazardous activities and I am voluntarily participating in these activities with knowledge of the danger involved. I hereby agree and accept any and all risks of injury or death.

Please initial : _____

I agree that I will not sue, or otherwise make any claim against Helping Hands Health Education, or any of its employees, agents, contractors or volunteers for any injury, loss or damage suffered as a result of my participation in **HELPING HANDS HEALTH EDUCATION**, regardless of whether such injury, loss or damage was caused, in whole or in part, directly or indirectly, by the action, negligence or otherwise by an employee, agent, contractor or volunteer of **HELPING HANDS HEALTH EDUCATION**.

I also hereby agree to release and discharge **HELPING HANDS HEALTH EDUCATION**, its employees, agents, contractors or volunteers from all action, claims or demands for myself, my family, my heirs or personal representatives for death, injury or damage resulting from my participation with **HELPING HANDS HEALTH EDUCATION**.

I AM OVER 18 YEARS OF AGE AND HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND HELPING HANDS HEALTH EDUCATION AND/OR ITS EMPLOYEES, AGENTS AND VOLUNTEERS; AND I SIGN IT OUT OF MY OWN FREE WILL.

Signature

Date