



“For I know the plans I have for you, declares the Lord, plans for welfare and not for calamity to give you a future and a hope.”

Jeremiah 29:11

PO BOX 2001
Vancouver, WA 98668
(360) 693-5417
www.heartofhope.org

Camp of the Good Shepherd - 2010 Team Assistant Volunteer Application

NAME: _____

ADDRESS: _____

PHONE: DAY: _____ EVENING: _____

EMAIL: _____

DATE OF BIRTH: _____ IF OTHER THEN US CITIZEN CHECK HERE _____

EDUCATION: _____

Indicate your availability for one or more session(s):

- Session 1 - 2010, June 15th - July 4th
- Session 2 - 2010, June 25th - July 18th
- Session 3 - 2010, July 9th - August 1st

On a separate sheet of paper please answer the following questions:

1. How and when did you come to know Jesus Christ as your personal Savior and what does that mean to you today?
2. What is your past short term mission experience and present activity in practical Christian service?
3. Briefly describe why you are interested in serving the children of Romania at the Camp of the Good Shepherd?
4. What special skills, experience or strengths do you think you would bring to the position of Team Assistant?
5. Have you discussed this mission opportunity with your family and how do they feel about your involvement?
6. What church do you currently attend and for how long?
7. How would you describe your health and do you have any physical limitations?
8. Have you had any first aid or child-care training?
9. Will you be able to raise the funds necessary to fulfill this position if accepted?
10. What questions do you have for us?

Please return this application with three references, one being from the Senior, Assistant or Youth Pastor of your church. Please review the following Team Assistant Code of Conduct Consent form and Team Assistant General Consent and Waiver form, sign and return with application and references.



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Camp of the Good Shepherd - 2010 Team Assistant Code of Conduct Consent

If I am accepted by Heart of Hope Ministries International (“HHMI”) as a volunteer team member, in consideration for that acceptance, I agree to comply with the following terms of the HHMI Code of Conduct during the period of service as a volunteer team member.

1. I agree not to engage in any of the following activities:
 - a) Use alcohol while acting within my assigned capacity or on any property owned by HHMI or HHMI’s Partners;
 - b) Use alcohol excessively at any time;
 - c) Use any controlled or illegal substance;
 - d) Share rooms with a person of the opposite sex unless the person is my spouse.
 - e) Engage in sexual relations with anyone other than my spouse.
2. I agree not to engage in any divisive or disruptive behavior or communications, including but not limited to, displays of anger or impatience.
3. I agree not to engage in political activities of any kind or promote any specific political agenda while on site with a team.
4. I agree to remain at the designated site of the team, work within my assigned capacity within the team, and follow the guidelines of the HHMI Partner, unless otherwise authorized by HHMI management.
5. I agree to obey the laws of the host country and to respect the traditions of the local culture.

I understand that if I violate any of the above rules that I may be dismissed from the team and forfeit any possible opportunities of participating on another team. I agree that if I am dismissed from the team, I will be solely responsible for any and all costs, expenses or damages that I may incur as a result of my dismissal including, but specifically not limited to, any travel or accommodation costs. In the event that I am dismissed from the team, I understand that I will not be entitled to any refund whatsoever of any amounts I have paid to HHMI for travel, accommodations or other expenses related to the trip or otherwise.

Dated this _____ day of _____, 20_____

Applicant's Signature



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Camp of the Good Shepherd - 2010 Team Assistant General Consent and Waiver

I understand, as a Heart of Hope Ministries International (HHMI) volunteer, I may be traveling to and from, and living and working in areas which are dangerous, and I may be responding to inherently dangerous emergency situations, both in the United States and foreign countries.

Particularly, and without limiting the above acknowledgment, I understand, if I travel outside of the United States: 1) Medical and dental services may be inadequate or totally lacking; 2) I may be exposed to illnesses and diseases; 3) Law enforcement may be inadequate or totally lacking; 4) Motor vehicle travel may be dangerous and motor vehicle laws may not be observed nor enforced; 5) Food and water may be unsanitary, unsafe and dangerous; 6) There may be social unrest, terrorism, insurrection, revolution or war. I further understand that the above listing of dangers is meant to be illustrative only, and many other dangers exist, and I may be exposed to them in one form or another. With full knowledge of the above, I have decided to expressly assume the risk and volunteer with HHMI.

In consideration of HHMI arranging a volunteer assignment for me, as set forth in the Volunteer Agreement signed on this same date, and with the intention of binding myself, my heirs, legal representatives, successors and assigns, I hereby expressly RELEASE AND FOREVER DISCHARGE HHMI, its officers, directors, employees, volunteers, agents, legal representatives, insurers, successors and assigns from any and all claims, demands, damages, liabilities and causes of action that I now have or may in the future have, whether known or unknown, of whatsoever nature, relating to or arising out of my selection as a volunteer by, or my service as a volunteer with, HHMI whether or not due to HHMI negligence, strict liability, or any other breach or fault. This includes, but is expressly not limited to, death, bodily injury, personal injury, property damage, loss or theft of property, economic loss or any other damage, loss, or cost.

This document shall be construed according to the laws of the State of Washington. If any provision of this document is held to be unenforceable, this shall not affect any other provision of this document, which other provisions shall remain fully enforceable. If dispute should arise with respect to the meaning of any of the terms of this document, the rule of construction that a document is construed against the party preparing such document shall specifically not be applicable to the interpretation of this document.

I consent to medical and dental treatment by HHMI or such others that it may designate, if I am in need of such treatment and I am unable to consent to it because of physical, mental or other incapacity. If third parties other than HHMI provide treatment, and there is a charge therefore, I agree to pay the charges and indemnify and hold HHMI harmless there from. Without limiting the general release given above in any manner, I reaffirm that the above general release includes, but is expressly not limited to, any and all claims, damages, demands or causes of action arising out of or relating to said medical and dental treatment.

This General Release, Consent and Waiver together with the Volunteer Agreement, represent the entire agreement of the parties hereto and supersede any and all prior or contemporaneous oral or written understandings, statements, representations or promises. All of the terms hereof are contractual and not mere recitals.

I acknowledge that I have carefully read this General Release, Consent and Waiver, I know and understand the contents thereof, and that this document was freely and voluntarily executed. I acknowledge that I was given the opportunity to seek independent legal counsel on any and all matters herein before I signed this General Release, Consent and Waiver.

Dated this _____ day of _____, 20_____

Volunteer's Signature



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NAME

AGE

ADDRESS

BLOOD TYPE

CITY, STATE, ZIP

PERSONAL PHYSICIAN

PHONE

PHYSICIAN'S PHONE

RATE YOUR HEALTH: EXCELLENT GOOD FAIR POOR

EMERGENCY CONTACTS (during trip):

NAME, RELATIONSHIP

PHONE NUMBER

ADDRESS

CITY, STATE, ZIP

NAME, RELATIONSHIP

PHONE NUMBER

ADDRESS

CITY, STATE, ZIP

HEALTH HISTORY:

DESCRIBE ANY MEDICAL LIMITATIONS

ALLERGIES: INSECT STINGS, DRUGS, ETC.

OTHER CONDITIONS: HEART CONDITION, FREQUENT COLDS, CHRONIC ASTHMA

NAME AND DOSAGE OF ANY MEDICATIONS THAT MUST BE TAKEN:

ANY ACTIVITY RESTRICTIONS?: NO YES DESCRIBE: _____

IMMUNIZATIONS: (DATE LAST RECEIVED)

TETANUS _____ HEPATITIS A (FULL SERIES) _____ HEPATITIS B (FULL SERIES) _____ MEASLES _____

POLIO _____ OTHER _____ DATE OF ANTIBODY TITER, IF DONE _____

DO YOU HAVE HEALTH INSURANCE? YES NO

IF "YES," NAME: _____ POLICY #: _____

ADDRESS: _____

IN THE CASE OF ILLNESS OR INJURY WHILE YOU ARE ON A MISSION RELATED ACTIVITY, YOUR PRIMARY MEDICAL INSURANCE, SHOULD BE BILLED FOR ALL MEDICAL CHARGES. HHMI REQUIRES ALL VOLUNTEER TEAM MEMBERS TO PURCHASE SUPPLEMENTAL TRAVEL INSURANCE