

Our Policy

It is our policy of this agreement to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. Thank you for completing this application form and for your interest in volunteering with IMPACT WITH HOPE or any of its affiliates, ministries or programs.

Contact Information

Name: *

E-mail Address: *

Address: *

Street Address

Apt, Suite, Bldg. (optional)

City

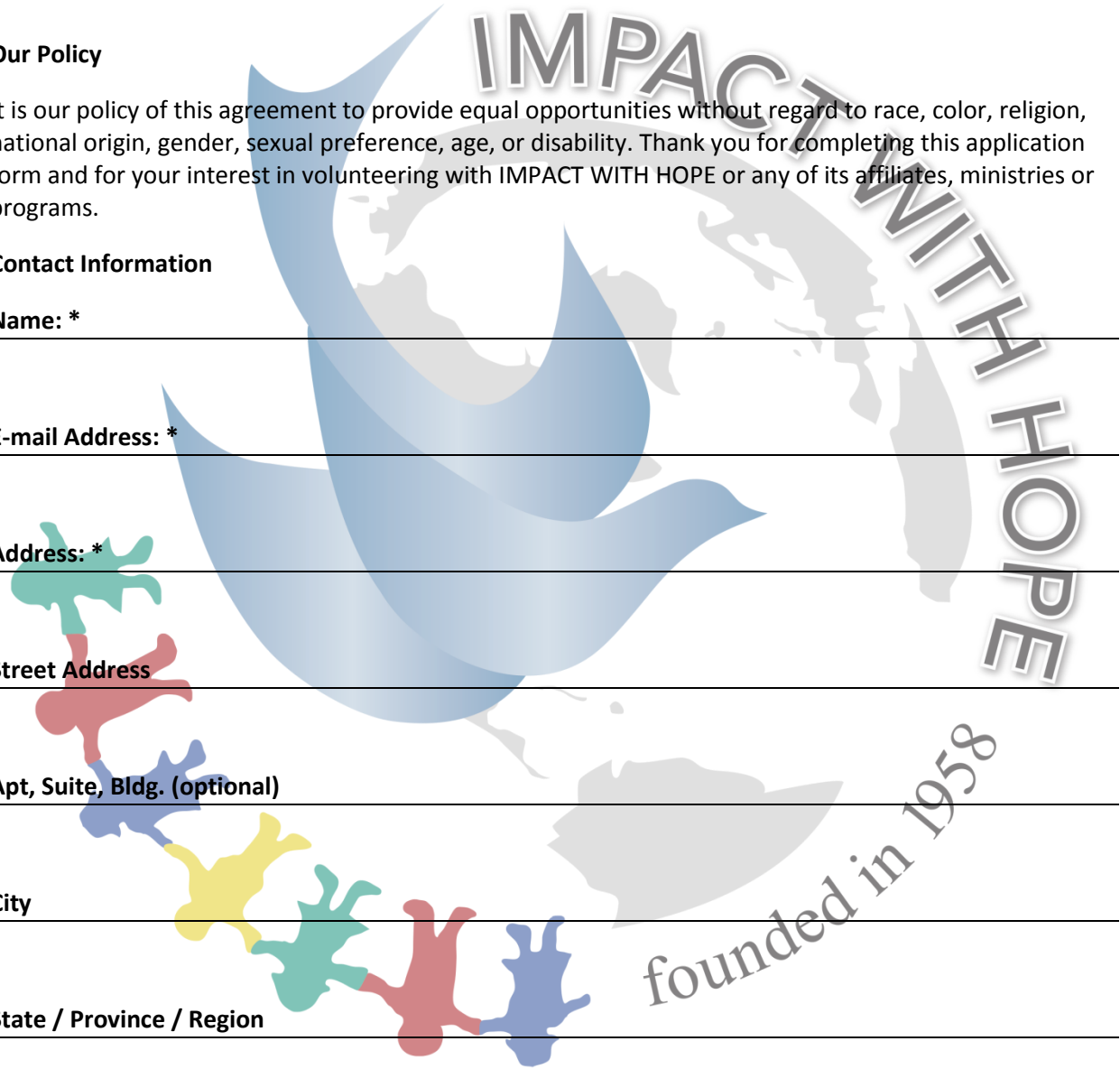
State / Province / Region

Postal / Zip Code

Country

Home Phone/Cell Phone: *

Work Phone:



Person to Notify in Case of Emergency

Name: *

Email Address: *

Address: *

Street Address

Apt, Suite, Bldg. (optional)

City

State / Province / Region

Postal / Zip Code

Country

Home Phone/Cell Phone: *

Work Phone:

Alcohol, Tobacco & Narcotics Policy

We are a Christian organization that deals with many cultures and beliefs. In our travels, we have learned that different cultures view the usage of pornography, tobacco and alcoholic beverages in many

ways. Therefore, it is our decision that we do not want any team members using pornography, tobacco or alcoholic beverages while representing IMPACT WITH HOPE. In addition, the usage of illegal narcotics is absolutely forbidden and will not be tolerated. By filling out this application and signing it you acknowledge that you are in full agreement with this and you do not have an addiction that will cause problems in performing your duties as a team member.

Circle your answers below.

Do you agree to abide by this policy? *

Yes

No

Background Information

Have you ever been convicted of child abuse or sexual misconduct? *

Yes

No

Do you have any outstanding warrants or legal convictions? *

Yes

No

If yes to either, please explain:

Photo Consent Policy

I hereby grant IMPACT WITH HOPE, including its affiliates, programs and ministries, permission to use my likeness in a photograph in any and all of its publications, including website entries, without payment or any other consideration. I understand and agree that these materials will become the property of IMPACT WITH HOPE and will not be returned. I hereby irrevocably authorize IMPACT WITH HOPE, its affiliates, programs and ministries, to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing IMPACT WITH HOPE programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph. I hereby hold harmless and release and forever discharge IMPACT WITH HOPE, its affiliates, programs and ministries from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I AGREE with the Photo Consent Policy. *

Please circle below:

Yes - I agree.

No - **Please do not take my photo. I understand that it will be my responsibility to remind ISOH/IMPACT event/activity leaders and photographers of this preference at the start of each of my volunteer shifts.**

Volunteer Liability Waiver and Release

THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS. INITIALING AND SIGNING IT MEANS YOU HAVE READ AND UNDERSTAND THIS FORM, AND THAT YOU AGREE TO COMPLY WITH ITS TERMS.

I, the below-named person being above the age of eighteen (18) or the parent or guardian of the below-named person who is under the age of eighteen (18), in consideration of the services of IMPACT WITH HOPE and all of its affiliates, including but not limited to the provision of TRAVELING TO A DISASTER AND/OR FOREIGN COUNTRY TO DO MISSIONS WORK RELATED TO THE PROVISION OF HEALTH CARE AND/OR WORK AND/OR EDUCATIONAL AND/OR EVANGELISM, the right to engage in all the aforementioned events as a participant, employee and/or spectator, hereby AGREE TO GIVE UP MY LEGAL RIGHTS TO MAKE A CLAIM OR FILE A LAW SUIT AGAINST IMPACT WITH HOPE, its affiliates, ministries, programs, directors, agents, trustees, officers, managers and employees and their respective heirs, successors and assigns, in connection with any and all damage, claims, demands, rights and causes of action of whatever kind or nature, all injuries to person, or damage to property.

ACKNOWLEDGEMENT OF RISKS

I understand, acknowledge, agree, and accept full responsibility for all the risk of travel to and from and the work assigned me by IMPACT WITH HOPE or any of its affiliates, ministries or programs. I am also aware that the activities I am voluntarily engaged in as a participant, employee, and/or spectator are or can be DANGEROUS ACTIVITIES. I know the risks of these activities can result in injury, death, illness or disease—physical or mental, and/or damage to myself; my property, spectators and/or other third parties.

FURTHER ACKNOWLEDGMENT OF RISKS

I agree, covenant, and promise to accept and assume total responsibility and risk for injury, death, illness or disease, damage to myself, to my property, to spectators, or other third parties, and their property arising from my participation in this activity. My activity is purely voluntary, no one is forcing me to participate, and I elect to participate knowing full well the dangers and the risks.

I understand and acknowledge that by initialing and/or signing this document, I have assumed total responsibility and legal liability for the claims or other legal demands, including defense costs which may be asserted by spectators or other third parties against me as a result of my participation in this event at this facility and/or during the entirety of service.

PARTICIPANTS MEDICAL INSURANCE

I UNDERSTAND AND ACKNOWLEDGE THAT I WILL NOT BE PROVIDED WITH ANY MEDICAL INSURANCE.

I also understand and acknowledge that insurance coverage will not be provided to me at this facility and/or during travel to and from. I certify that I have sufficient health insurance to cover any bodily injury and/or bodily damage I may occur while participating at this facility. If I have no insurance, I certify that I am responsible to personally pay for any and all such medical expenses and liabilities.

ACKNOWLEDGEMENT AND ACCEPTANCE OF AGREEMENT *

I acknowledge that I have read ISOH/IMPACT's Volunteer Liability Waiver and Release and fully understand and accept its contents, meaning and impact.

Volunteer Signature(s)

By signing and submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may

I am 18 years of age and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

Printed Name *

Date *

If the person signing is under age 18, there must be consent by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of:

named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

Parent/Guardian's Printed Name

Date
