



Domestic Deployment Field Form

Today's Date _____

Participant Information

Full Name: _____

Date of Birth _____

Cell Phone Number _____

Street Address _____

City _____

State _____

Zip _____

Email Address _____

Reference

Please provide information for a pastor/spiritual leader reference.

Reference Name / Relationship _____

Email _____

Phone _____

Skills & Experience

Please indicated the skills you are most qualified to use in the field: 1 = willing to learn 2 = some experience 3 = extensive experience 4 = leader

Lack of experience does not disqualify you from volunteering. It helps us know how to best utilize you in the field.

Assessment of damage		Food Services	
Plumbing		Photography/Videography	
Electrical		Administration/Logistics	
Roofing		Case Work	
Carpentry		Emotional & Spiritual Care	
Moldicide Application			

I Agree & Consent

I hereby acknowledge that I have read and agree to the Hope Force International **Volunteer Release & Waiver Liability, Standard of Mediation, Code of Conduct** and **Permission to Medical Treatment** as set forth on the back of this form. If the participant is a minor, I hereby give permission for my child/guardian to serve in this project coordinated by Hope Force International. To express my understanding and agreement of the above mentioned forms, I sign here **with a witness:**

Applicant (or Parent/Guardian) Signature _____

Please, no typed signatures _____

Date _____

Witness Signature ****required for form acceptance*** _____

Please, no typed signatures _____

Date _____

Emergency Contact Information

Emergency Contact #1 / Relationship _____

Phone number best reached at _____

Emergency Contact #2 / Relationship _____

Phone number best reached at _____

Health Information

We advise all volunteers to check with their physician regarding medical conditions and immunizations needed for the area you are traveling to.

Describe your overall health: _____

Date of last tetanus shot _____

☐ Excellent ☐ Fair☐ Good ☐ Poor

Blood Type _____

Are there any medical conditions we need to be made aware of?

☐ Yes ☐ No If yes, please note: _____

Are you taking any medications? _____

☐ Yes ☐ No

If yes, please note: _____

Are you allergic to any food or medicine? _____

☐ Yes ☐ No

If yes, please note: _____

Health Insurance

Health Insurance coverage is required for all deployments with Hope Force International. If you do not have insurance coverage, a temporary policy will need to be purchased. Please provide the following information:

Insurance Company Name _____

Policy Number _____

Company Phone _____

VOLUNTEER RELEASE & WAIVER OF LIABILITY

This release and Waiver of Liability (the "Release") executed this day by **the Participant** in favor of HOPE FORCE INTERNATIONAL, a 501 (c) 3 CORPORATION, a non profit corporation organized and existing under the laws of the State of Tennessee, USA, its directors, officers, employees, volunteers and agents. (Collectively, "Hope Force International").

I, **the Participant** desire to volunteer with Hope Force International to provide emergency disaster relief services and engage in the activities related to offering these services. I understand that the activities may include, but are not limited to, travel to disaster sites in the United States and foreign countries where there would be political unrest, violence and crime associated with an unstable developing country; transportation in commercial and Hope Force International – owned vehicles; moving and lifting heavy objects; cooking and serving food; and working and inhabiting environments that may be without power, sanitation, or are otherwise damaged by the disaster event. I hereby freely and voluntarily, without duress, execute the Release under the following terms:

1. Waiver and Release. I, the Participant, release and forever discharge and hold harmless Hope Force International from any claim or liability that I, the Participant, may have against Hope Force International with respect to any bodily injury, personal injury, illness, death or property damage that may result from my participation in a disaster relief operation. I also understand that Hope Force International does not assume any responsibility or obligation to provide financial or other assistance, including, but not limited to medical, health or disability insurance, in the event of injury, illness, death or property damage (see insurance requirements below. **2. Insurance.** Hope Force International does not carry or maintain, and expressly disclaims responsibility for providing any health, medical or disability insurance coverage for the Participant. EACH PARTICIPANT IS EXPECTED AND ENCOURAGED TO CARRY PERSONAL LIABILITY OR HEALTH INSURANCE PRIOR TO REGISTERING AS A HOPE FORCE RESERVIST. **3. Medical Treatment.** Except as otherwise agreed to by Hope Force International in writing, I hereby release and forever discharge Hope Force International from any claim whatsoever which arises or may hereafter arise on account of any first – aid treatment or other medical services rendered in connection with an emergency during my time with Hope Force International. **4. Assumption of Risk.** I understand that my time with Hope Force International include activities that may be hazardous to me, including, but not limited to, cook and food preparation activities, loading and unloading of heavy equipment and materials, transportation to and from the disaster site, and working in locations damaged by the effects of a disaster. I recognize and understand that my time with Hope Force International may, in some situations, involve inherently dangerous activities. I hereby expressly and specifically assume the risk of injury or harm in these activities and release Hope Force International from all liability for injury, illness, and death or property damage resulting from the activities of my time with Hope Force International. **5. Photographic Release.** I grant and convey unto Hope Force International all right, title and interest in any and all photographic images and video or audio recordings made by Hope Force International during my work for Hope Force International, including, but not limited to, any royalties, proceedings or other benefits derived from such photographs or recordings. **6. Other.** I understand that it is my desire to further the work of Hope Force International performing services as a Volunteer, specifically as a Volunteer of Emergency Disaster Services. I undertake to perform said services as a Volunteer without compensation and that, in performing said services, I acknowledge that I am not acting as an employee of Hope Force International.

STANDARD OF MEDIATION

The parties to this agreement agree that any claim or dispute arising from, or related to this agreement, shall be settled by scriptural-based mediation practices and, if necessary, legally binding arbitration in accordance with the then-current Rules of Procedure for Christian Conciliation of the Institute for Christian Conciliation, a copy of which rules is available upon request. Judgment upon an arbitration award may be entered in any court otherwise having jurisdiction. The parties understand that these methods shall be the sole remedy for any controversy or claim arising out of this agreement and expressly waive their right to file a lawsuit in any civil court against one another for such disputes, except to enforce an arbitration decision.

This agreement between Hope Force International and the applicant has been entered into after careful consideration on the part of both parties. There are no promises made by either party to the other regarding anything not mentioned in this agreement.

CODE OF CONDUCT

Hope Force International is comprised of people from many backgrounds, dedicated to serving the suffering of the world who are in crisis, and demonstrating the love of God through acts of loving compassion. We are united by our common desire to follow the example of Jesus in thought, word and deed. We recognize that the world will know that we are His disciples by our love for one another. (John 13:35)

Core Values: (1) Reverencing and referencing God in all we do (2) Responding to worldwide disasters and crises quickly and effectively (3) Empowering volunteers for rapid deployment (4) Partnering with others to maximize effectiveness (5) Demonstrating the transforming work of God in the lives of responders and those we serve (6) Maintaining high standards of professionalism in decisions and actions (7) Loving people one individual at a time (8) Serving others with bravery, compassion and integrity

While we acknowledge that not all individuals will share these same core values, we ask that all volunteers recognize that they are representatives of Hope Force International and as such, follow the guidelines set forth below to avoid any potential harm or confusion in the minds of the people we are serving. This includes exercising moderation in all things, especially areas that require self-control, and abstinence in issues that Hope Force International considers inappropriate. Failure to adhere to this Code of Conduct may result in immediate dismissal. **If I am accepted as a Hope Force volunteer, I will uphold the following:**

(1) I recognize that I go to serve the needs of others. This includes my fellow team members and the people I meet while serving as a Hope Force volunteer. (2) I will adopt an attitude of humility, knowing that there are many difference ways to accomplish the same objective, and recognize that my way is not necessarily the best. (3) I will abstain from making derogatory comments regarding people, politics, sports, religion, race or traditions. (4) I will accept the leadership role of my supervisor (5) I acknowledge that I will be sharing tight quarters with others. I will respect their privacy and dignity by exercising self control and refraining from inappropriate behaviors such as sexual activities, drunkenness and the use of drugs. (6) I acknowledge that during my deployment, I am subjecting myself to certain risks voluntarily, in addition to those risks that I normally face in my personal and business life. This includes, but is not limited to, such things as potential health hazards due to poor food and water, diseases, pests and poor sanitation; potential danger from lack of control over local population; potential injury while working; and inadequate medical facilities. (7) I will not be overly demanding or critical. I will do my best not to offend or cause embarrassment for the organizations that I am working with, and will help them attain their long-term goals. (8) I will attend all team meetings. (9) I will regard differing styles of worship with respect. (10) I will adhere to the guidelines given to me concerning attire, eating and drinking, and other such traditions that will help me assimilate into the local community.

There are no promises made by either party to the other regarding anything not mentioned in this agreement.

PERMISSION TO MEDICALLY TREAT

I hereby give permission for medical treatment for an injury or illness that I (or my child/guardian) might sustain or acquire while engaged in a project coordinated by Hope Force International. In the event of an emergency during the trip, I hereby give consent to the physician to hospitalize, secure proper treatment, obtain medical records, anesthesia and/or surgery for myself (or my child/guardian).