



SERVICE PROGRAM APPLICATION AND AGREEMENT

Please Return Application and Total Service Fee to: Melissa Bazely – volunteer@dovemissions.org.

Please Print:

Name (as it appears on your passport): _____

Passport Number: _____ Expiration Date: _____

Team or Family Name: _____ Number in group: ____

Preferred first name: _____ Employer and Occupation: _____

Mailing address: _____

City: _____ State: _____ ZIP: _____

Current e-mail address: _____

Phone: (home) _____ (work/cell) _____ Birth date: _____ M/

F: _____

How did you first learn about Dove Missions? _____

What are your primary reasons for volunteering with Dove Missions?

Areas of interest (please check all that apply): __visiting the sick, __distributing clothing to the poor, __nurturing and playing with the handicapped children, __teaching at the vocational school, __visiting new moms at the hospital, __participating in sports activities with kids, __teaching basic reading, __teaching English, __other ideas

Service dates you want to volunteer in Puerto Plata? _____ Total days: ____

Where will you be staying? _____ (see dovemissions.com for suggestions)

Do you speak: Spanish or French (please circle) If so, how fluent are you? _____

Do you have health insurance that will cover you in case of an out of country sickness or accident? _____ Insurance Name and Policy Number: _____

Do you have any physical, mental or emotional problems that might affect your ability to travel and work in a developing country? _____ If yes, please explain: _____

Dove Missions is a 501c3 nonprofit corporation incorporated under the laws of the State of Minnesota, USA. In this Agreement, “Dove Missions” means the corporation, its trustees, directors, officers, employees, field team leaders, and agents. “You” and “your” refers to the person signing this Agreement. “The Host” refers to the entity(ies) (e.g., school, clinic, hospital, organization, and/or government agency) which invited Dove Mission Volunteers and/or to which you are assigned to serve, and its employees, agents, officers, and directors.

Dove Missions will make all the necessary arrangements to provide you with the opportunity to work with and learn from local people in the community. You agree to volunteer your time and talents to the best of your ability following Dove Missions guidelines and policies.

You further agree to the terms outlined in this document.

For International Service Programs, you will need a passport. The service program fee covers in-town (Puerto Plata) transportation to and from the field locations and your lodging, as well as the guidance of our field team director. It does not include airfare, your accommodations, general expenses and food. Information on lodging options is available on our web site: www.dovemissions.com. Your field team director will also assist you with finding places to eat and markets to purchase groceries.

SERVICE PROGRAM PAYMENT POLICIES

We are a small organization and only ask for a minimal service program fee/donation of \$75/day per person. This fee is fully tax deductible. It covers 4-8 hours of service in and around the slums of Puerto Plata with our field team leader as your guide. The family rate is \$250/day. The weekly rate is \$350/day per person, and the monthly rate is \$900/day per person. For groups larger than 10 people, we will negotiate a team rate with you. We will work personally with each individual, family or team to create the service experience you are looking for. Each trip will be unique and different, co-created with you and personalized to meet your interests and callings. **Remember, the Service Program fee does not include food, lodging, visas or airfare.** Dove Missions is not responsible for the acts or failures of anyone else who provides services to you. You authorize Dove Missions to use your fee for general operating purposes, outreach programs, salaries for the staff, food for the poor, school supplies and uniforms, as well as medical supplies and transportation.

CANCELLATION AND REFUND

Dove Missions may cancel any Service Program at any time. Dove Missions may also reject an application anytime before departure. Dove Missions will refund the total amount you paid to Dove Missions (1) if the Service Program is filled at the time you apply, (2) if Dove Missions does not accept your application for any reason, or (3) if the Service Program is canceled for any reason. If you cancel your Service Program for any reason, you must notify Dove Missions **in writing**. A refund will be given to you less a \$25 processing fee.

YOU PARTICIPATE AT YOUR OWN RISK

You acknowledge that there are dangers in traveling to and volunteering in the Dominican Republic. You agree to travel and participate at your own risk. You agree to assume full responsibility for injury to you, and your family, including death and emotional trauma, as well as damage to or theft of your property.

YOU AGREE NOT TO SUE DOVE MISSIONS OR THE HOST

You will not sue Dove Missions or the Host because of the negligence of Dove Missions or the Host. You will not sue Dove Missions or the Host because of the negligence or intentional acts of anyone else.

YOU AGREE TO FOLLOW RULES AND LAWS

You will be the guest of the local people and the Host. You agree to follow all applicable rules, policies and guidelines of Dove Missions and the Host, as well as the laws of the local country. If you do not follow all rules, laws, policies and guidelines, the Dove Missions field team leader has the authority to ask you to leave the program. If you are asked to leave, you agree to leave the community immediately.

MINNESOTA LAW CONTROLS

You agree that this Service Program Application and Agreement is to be construed under the laws of the State of Minnesota, USA. You agree that this Agreement is to be construed broadly to provide a release, indemnification and waiver to the maximum extent permissible under applicable law. In signing this Agreement, you acknowledge (1) that you have read this entire document, (2) that you understand its terms, (3) that you are at least eighteen (18) years of age, (4) that by signing it you are giving up substantial legal rights you might otherwise have, (5) that you accept the risks involved in engaging in service work abroad and (6) that you have signed it knowingly and voluntarily.

RELEASE OF LIABILITY

In consideration of the above, I have and hereby assume all the above risks and any other ordinary risk incidental to the nature of the program, including risks which are not specifically foreseeable, and will hold harmless and indemnify Dove Missions and its Board of Directors, employees, agents, and or associates from any and all liability. My signature on this document shall serve as a release and assumption of risk, and shall bind my heirs, representatives, executors, administrators, successors and assigns for all members of my family, including any minors accompanying me. I also state that I will assume responsibility for any damage or loss to physical property or expenses incurred due to my own or my children's negligent behavior.

My signature also gives my permission and accepts financial responsibility for first aid treatment and or medical attention if needed. I also give my permission for photographs to be taken of myself and/or my child during the service activities and the use of those photos by Dove Missions.

Participant Signature

Date

Parent/Guardian Signature for

Participants under age 18

Service Fee of \$75/individual (\$250/family) x _____ (# of service days) = _____
Total Service Fee Enclosed = _____ (Tax Deductable)