



SERVICE PROGRAM APPLICATION AND AGREEMENT – Haiti

Please Return Application 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 in Haiti with Dove Missions?

Service dates you want to volunteer in Haiti? _____ Total days: _____

Do you speak: Spanish, French or Creole (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.

SERVICE PROGRAM PAYMENT POLICIES

We are a small organization and only ask for minimal service program fees/donations. The actual cost of travelling to Haiti will depend on several variables including the number of people going, transportation method, number of days, and accommodations. 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 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 Haiti. 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

Date

Field Director Signature

Date