

TEAM MEMBER APPLICATION



Please print clearly!

NAME: (exactly as it appears on passport!) _____

DATE OF BIRTH: _____

PHONE: () _____

EMAIL: _____

ADDRESS

(include CITY, ST, ZIP): _____

EMERGENCY CONTACT INFORMATION	TRIP CHOICE (top three dates)
NAME: _____	#1 _____
PHONE () _____	#2 _____ #3 _____

Village Care International (VCI) is a Christian, non-profit organization that works with people from all backgrounds and all parts of the world. We ask for your understanding and agreement in the following:

I will be an active participant of my team, completing assigned tasks and teaching jobs, attending daily debriefs and doing all of these with grace, respect and compassion at all times. _____ Initial (Adult)

I will respect the diversity of my team mates at all times. _____ Initial (Adult)

I understand that I am traveling to another country and that accommodations may be different than what I am used to. I understand travel is often difficult and can be dangerous. I may be in a vehicle on rough roads for several hours at a time. **I will be flexible and adaptable in all situations.** _____ Initial (Adult)

I understand that I am strongly advised to purchase travel insurance that covers emergency situations. If I chose not to purchase, VCI will not be responsible for any costs incurred due to a lack of insurance. _____ Initial (Adult)

I will not consume alcohol and will do all I can to **refrain from smoking** while on a Village Care team trip. Smoking is not permitted in vehicles or homes. _____ Initial (Adult)

I agree to disclose any medical or physical conditions that may affect my performance as a team member. _____ Initial (Adult)

Team members will obey all in-country laws and will not participate in any illegal activity. The penalty for possessing any kind of illegal substance (such as drugs) is far greater than in the US. For example, in Kenya, being caught with illegal substances can result in up to 14 years of prison. _____ Initial (Adult)

Team members are not permitted to go out at night without the accompaniment of a Village Care Host. Hosts are advised to (a) not travel at night unless it is deemed necessary and (b) not allow team members to go out at night unaccompanied. Village Care uses the “Buddy System” at all times. This is for the safety of you and your entire team. _____ Initial (Adult)

Team members will follow directions from the Village Care Host and Team Leader. _____ Initial (Adult)



Team Member Name _____

Hostage Situation: **Village Care does not pay ransom** for team members that may be held hostage by terrorist or others. This position is encouraged by the US government and the international community in order not to set worldwide precedents for paying ransoms. _____ Initial (Adult)

Team members agree to make absolutely no contributions or donations to anyone or any organization they encounter during their trip, nor will they initiate any projects or proposals. _____ Initial (Adult)

Team members agree to act and dress appropriately. This includes but is not limited to: wearing modest clothing; minimizing jokes that may be misunderstood; limiting use of slang terminology in front of African hosts or other nationals; and refraining from comments regarding prices or conditions they are exposed to. _____ Initial (Adult)

I am aware of the dangers and the risks to my person and property involved in participating in mission trips and specialized events with VCI. _____ Initial (Adult)

I take responsibility for making VCI facilitators, volunteers or staff aware if I do not understand or if I have any questions about an activity, and I fully understand that these same facilitators, volunteers or staff have authority to safely remove me from the field when necessary. _____ Initial (Adult)

Medical Treatment and Liability Release

To be signed by adults or minors (with parent/guardian permission/signature) participating in **Village Care International, Inc. (VCI)** activities and events, including mission trips:

On behalf of myself, my personal representatives, heirs, next of kin, successors and assigns, I hereby:

Waive, release and discharge VCI and its agencies, officers, volunteers and employees from any and all liability for my death, disability, personal injury, property damages, property theft or claims of any nature which may hereafter accrue to me, and my estate as a direct or indirect result of my participation in VCI activities or events. _____ Initial (Adult)

Indemnify, save, and hold harmless VCI and its agencies, officers, volunteers and employees of, from and against any and all claims of any nature including all costs, expenses and fees arising out of or resulting from my actions during this activity or event. _____ Initial (Adult)

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident or illness during this activity or event. _____ Initial (Adult)

I hereby grant permission for qualified VCI staff members or volunteers to seek and/or administer emergency care for me in the event that my health and well being is involved or that I am unable to seek care for myself. _____ Initial (Adult)

I hereby agree that all photos of me participating in VCI activities or events, or donated photographs, are the property of VCI and can be used for marketing purposes. _____ Initial (Adult)

Team Member Name _____

This release, indemnification, and waiver shall be construed broadly to provide a release, indemnification, and waiver to the maximum extent permissible under applicable law. _____ Initial (Adult)

I, the undersigned Participant, or parent/guardian of team member, acknowledge that I have read and understand the above waiver, Indemnification and Release. _____ Initial (Adult)

Medical information will be used by VCI personnel only in cases of emergency in the field.

- | | | |
|---|-----|----|
| 1) Is a doctor currently treating you? | Yes | No |
| 2) Do you have any condition requiring special medical consideration? | Yes | No |
| 3) Have you sustained any injury that may limit physical activity? | Yes | No |
| 4) Have you had major surgery in the past year? | Yes | No |

If answered yes for any of the above, please explain (Attach a separate sheet of paper if necessary)

PLEASE NOTE: under certain circumstances a Certificate of Ability may be required.

List all medications you use. Provide information on dosage, frequency, and reason for using all Medication:

Medication/Dosage	Frequency	Reason for usage

List any known allergies: medicine (penicillin, aspirin, acetaminophen, sulfa, etc); Foods (dairy, wheat, etc); contact with substances (plants, soaps, etc); Animals, insect bites/stings.

Allergy	Reaction	Medication/Treatment

Has your reaction ever required emergency room care? _____

Please list any current health problems _____

Blood Type _____

Family Doctor's Name _____ Phone # _____
and
Address _____

Team Member, or if minor, Parent/Guardian Signature:

Date _____

