



### APPLICATION FOR SHORT-TERM MISSIONS OPPORTUNITY

Please return this Application Form along with your non-refundable deposit of \$500 and email a color copy of your Passport

**PERSONAL** (provide FULL legal name as it appears on your passport): SS # -Last Four Digits only- \_ \_ \_ \_

Last Name	First Name	Middle Name	Home Phone: ( ) _____ day _____ evening
I prefer to be called:			Alternate Phone: ( ) _____ work _____ cell _____ other
Street Address:			Email Address:
City, State, Zip:			Best time to reach you:
Shoe of Hope Mission Country of Interest: _____			Are you affiliated with a __Church __School/Civic Group __Corp.?
Ministry areas of interest:			Organization Name: _____
			Marital status: [ ] Married [ ] Single [ ] Widowed [ ] Divorced
			Citizenship: [ ] USA [ ] Other: _____
			Do you have a valid passport? Y___ N___
			Passport #: _____ Expiration date: ___/___/___
			Date of Issue: ___/___/___ Place of Issue: _____
Mission's Date of Interest: ___/___/___ to ___/___/___			Date of Birth: ___/___/___
Emergency Contact Name:	Relationship:	Phone number:	
Emergency Contact Email:			
(Please list someone OUTSIDE your home – in the event of an emergency, we would automatically contact your home first, then this backup contact.)			
Have you been convicted of, or plead guilty to, any criminal offense (other than a juvenile offense now expunged from your record) or released from prison in the past ten years? Have you ever been convicted of, or plead guilty to, a felony?			
Yes _____ No _____ If Yes, describe in full:			

### VOLUNTEER INFORMATION

Why do you feel called to go on this mission trip?	
_____	
_____	
_____	
Are you looking to fulfill a school or service requirement or will you receive school credit for your service? Yes _____ No _____	
IF YES, name of school:	Is this a Service-Learning experience? Yes _____ No _____
Number of Hours needed:	Deadline to Complete Hours:

### BACKGROUND/MISSION'S HISTORY

Have you previously traveled on a mission trip internationally before? Yes _____ No _____ If Yes, was it with Samaritan's Feet? Yes _____ No _____			
<u>Domestic Location:</u>	<u>Dates:</u>	<u>International Location:</u>	<u>Dates volunteered:</u>
1)	1)	1)	1)
2)	2)	2)	2)
Name of previous organizations: 1) _____ 2) _____ 3) _____			
Current/most recent employer:		Location:	
Position:		How long:	
Current/most recently attended school:		Location:	

Current year in school/highest level completed:	Date completed (or graduation date):
Certifications held (include date of expiration):	

### MEDICAL INSURANCE & HOSPITALIZATION STATEMENT (required for ALL applicants)

(Please Note: Even if you have existing medical and/or hospitalization insurance, included in your fee is an additional insurance that will cover you from the date of departure until the arrival date back in the US. This insurance covers international travel and medical assistance in foreign countries and is secondary to your family insurance plan.)

Your insurance company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Insurance company phone #: ( ) \_\_\_\_\_ Agent's name: \_\_\_\_\_

Check one: HMO; Group Plan; Individual Policy; PPO; POS; Other: \_\_\_\_\_

I have verified with my health insurance provider that I have emergency coverage when traveling outside the United States.

Initial here: \_\_\_\_\_ (Please have your health insurance provider send you a letter stating that they will cover you in the country where you are traveling.)

### MEDICAL AUTHORIZATION & INFORMATION (required for ALL applicants)

Should I/my child sustain or incur any accident or illness while attending the designated mission trip with Samaritan's Feet, I hereby authorize the Director, team leader, or his agent, to execute any and all documents, including any necessary releases, which might be required by any medical facility to perform any emergency care on my behalf. In the event that I/my child have/has an illness or accident while on this mission trip which requires a visit to a doctor or hospital, any existing family/personal policies will represent the primary insurance coverage. I understand that ALL expenses beyond insurance are my responsibility as parent/guardian/self.

Your physician's name & location: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Address: \_\_\_\_\_

Please note that ALL medications, whether prescription or non-prescription, are to be turned in to the designated trip staff person if participant is under 18 years of age. Medications MUST be in original containers and accompanied by clearly written instructions. Please list any allergies, special dietary needs, medication(s) or other health concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any known medical or psychological condition that can be triggered due to allergies or other physical symptoms: Y\_\_ N\_\_ Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### TEAM MEMBER STATEMENT (required for ALL applicants)

I want this mission experience to be the best ever in my life. I will bring my best attitude, all of my cooperation, my talents, and my enthusiasm. I will help to create a safe and enthusiastic atmosphere, and I will take part in all mission activities.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### PARENTAL STATEMENT (to be filled out by parent/guardian if applicant is under 18 years of age)

I assume full responsibility for \_\_\_\_\_'s behavior and actions before and during this mission trip. I understand that Samaritan's Feet, its Staff, Prayer Advisory Team, Staff, its Board and their designated representatives will not be held responsible in any way for any illness/injury my child sustains while a participant in this mission trip. I understand that all Samaritan's Feet rules and those adopted specifically for this trip will apply.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FINANCIAL RESPONSIBILTIIY

All gifts are tax deductible to the full extent allowed by law. Contributions are solicited with the understanding that Samaritan's Feet have complete control over the use of all donated funds. Our policy is that all gifts designated for a specific project be applied to that project, with up to ten percent used for administration expenses. Occasionally we receive more contributions for a given project that can be wisely applied to that project. When that happens, we use these funds to meet similar pressing needs. It is our policy to meet the needs God lays before us, so that Christ is lifted up and the Gospel advanced.

### CANCELLATION POLICY

If a team applicant cancels, or is not able to attend, it is the policy of Samaritan's Feet that all deposits and support raised will remain with Samaritan's Feet and can be applied to another trip as far out as within the following calendar year, minus airline ticketing non-refundable fees and penalties. No Refunds

### REFERENCES

*For the safety of our participants, staff and volunteers, we complete at least 2 reference checks on every program volunteer. References may include supervisors, co-workers, faith leaders, teachers or school counselors. Please do not list relatives/ household members.*

<b>1</b>	Name: Relationship to you:	Phone number: Email:
<b>2</b>	Name: Relationship to you:	Phone number: Email:

**Our Mission:** Provide hope, love, and relief to suffering and impoverished children around the world, encouraging people to lead, serve and experience the life-changing power of God, through sports and recreational adventures.

## Conditions of Volunteer Participation and Release from Liability

Samaritan's Feet desire is to build a community of empowered volunteers dedicated to developing into servant leaders both physically and spiritually. As a volunteer, I will cooperate in the fulfillment of Samaritan's Feet mission, while encouraging others to join in this worthwhile campaign of bringing relief to children in need around the world. For more information, please visit [www.samaritansfeet.org](http://www.samaritansfeet.org), or call 704.341.1630 or toll free at 866.833.SHOE. Also e-mail [info@samaritansfeet.org](mailto:info@samaritansfeet.org).

**Background Certification:** I certify that all of the information provided on this application is true and complete. I authorize the Samaritan's Feet to investigate and verify any and all of the information I have submitted. Because Samaritan's Feet strives to provide a safe environment for children and youth, I understand that the Samaritan's Feet may order a criminal history check, and I authorize this investigation.

**Volunteer Terms:** I agree to abide by Samaritan's Feet policies, procedures and Code of Conduct. I understand Samaritan's Feet does not provide any health benefits (i.e. medical, dental, workers compensation, etc.) or any accident insurance for me as a volunteer; I understand it is my responsibility to provide this coverage. I understand that Samaritan's Feet does not provide volunteer compensation or trade volunteer services for paid mission's trips.

**Property Loss:** I understand Samaritan's Feet is not responsible for my personal property lost, damaged or stolen while participating in Samaritan's Feet volunteer activities.

**Medical Treatment:** I give permission for Samaritan's Feet representatives to provide or arrange for emergency care for me, and to arrange for transport to an emergency center for treatment. I consent to medical treatment deemed immediately necessary or advisable by a physician if I am unable to act on my own behalf. I further understand that Samaritan's Feet is not responsible for payment for such medical treatment.

**Photograph Permission:** I give permission for Samaritan's Feet to use, without limitation or obligation, photographs or other media that may include my image or voice to promote or interpret Samaritan's Feet programs.

**Release from Liability:** I understand that accidents may occur during my volunteer activities. By signing below, I release the Samaritan's Feet, its agents, directors, consultants, and employees from all liability based on any damage, loss or injury, whether it is the result of ordinary negligence or otherwise, caused to me or my dependent from participation as a volunteer.

\_\_\_\_\_  
**Volunteer Applicant Signature**

\_\_\_\_\_  
**Date**

**I also give permission for my dependent to participate in Samaritan's Feet volunteer activities.**

\_\_\_\_\_  
**Parent or Guardian, if Applicant is under age 18**

\_\_\_\_\_  
**Date**

### For Samaritan's Feet Staff Use Only

Location: \_\_\_\_\_

Approximate Start Date: \_\_\_\_\_

Assignment(s): \_\_\_\_\_

Program Director/Coordinator: \_\_\_\_\_

Intake Process Completed (date): \_\_\_\_\_

Follow-up date: \_\_\_\_\_

End date (if applicable): \_\_\_\_\_

Background form faxed (if applicable): \_\_\_\_\_



SAMARITAN'S FEET

## RELEASE AND WAIVER OF LIABILITY

PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS!

This Release and Waiver of Liability (the "Release") executed on this \_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ (year), by \_\_\_\_\_ (the "Volunteer"), and (in the case of a minor child) \_\_\_\_\_, the parent having legal custody and/or the legal guardian of the volunteer (the "Guardian"), in favor of Samaritan's Feet (A Project of Legacy of Vine Ministries), a North Carolina nonprofit corporation, its directors, officers, employees, and agents (collectively, "Legacy of The Vine").

The Volunteer (and Guardian) desires that the Volunteer work as a volunteer for Samaritan's Feet and engage in the activities related to being a volunteer (the "Activities"). The Volunteer (and Guardian) understands that the Activities may include but not limited to lay counseling, working with the sick, washing of feet, fitting people's feet with shoes, assisting with medical outreaches, constructing and rehabilitating buildings, working in the Samaritan's Feet offices, and living in housing provided for volunteers of Samaritan's Feet and its affiliate partners.

The Volunteer (and Guardian) hereby freely, voluntarily, and without duress executes this Release under the following terms:

1. **Release and Waiver.** Volunteer (and Guardian) does hereby release and forever discharge and hold harmless Samaritan's Feet, its parent ministry Legacy of the Vine, its partners, and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Volunteer's Activities with Samaritan's Feet. Volunteer (and Guardian) understands that this Release discharges Samaritan's Feet from any liability or claim that the Volunteer may have against Samaritan's Feet with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Volunteer's Activities with Samaritan's Feet, whether caused by the negligence of Samaritan's Feet or its officers, directors, employees, partners, or agents or otherwise. Volunteer (and Guardian) also understands that Samaritan's Feet does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.

**For construction projects, it is the policy of Samaritan's Feet that children under the age of 14 not be allowed on a Samaritan's Feet work sites while there is construction in progress. It is further the policy of Samaritan's Feet that, while children between the ages of 16 and 18 may be allowed to participate in construction work, ultra hazardous activity such as using power tools, excavation, demolition or working on rooftops is not permitted by anyone under the age of 18.**

2. **Medical Treatment.** Volunteer (and Guardian) does hereby release and forever discharge Samaritan's Feet from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer's Activities with Samaritan's Feet or (in the case of a minor child) with the decision by any representative or agent of Samaritan's Feet to exercise the power to consent to medical or dental treatment as such power may be granted and authorized in the Parental Authorization for Treatment of a Minor Child.

3. **Assumption of the Risk.** The Volunteer (and Guardian) understands that the Activities include work that may be hazardous to the Volunteer, including, but not limited to, construction, loading and unloading, and transportation to and from the work sites.

Volunteer (and Guardian) hereby expressly and specifically assumes the risk of injury or harm in the Activities and releases Samaritan’s Feet from all liability for injury, illness, death, or property damage resulting from the Activities.

4. **Insurance.** The Volunteer (and Guardian) understands that, except as otherwise agreed to by Samaritan’s Feet in writing, Samaritan’s Feet does not carry or maintain health, medical, or disability insurance coverage for any Volunteer. **Each Volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.**

5. **Photographic Release.** Volunteer (and Guardian) does hereby grant and convey unto Samaritan’s Feet all right, title, and interest in any and all photographic images and video or audio recordings made by Samaritan’s Feet during the Volunteer’s Activities with Samaritan’s Feet, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

6. **Other.** Volunteer (and Guardian) expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of North Carolina, and that this Release shall be governed by and interpreted in accordance with the laws of the State of North Carolina. Volunteer agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

IN WITNESS WHEREOF, Volunteer (and Guardian) has executed this Release as of the day and year first above written.

Witness Name: \_\_\_\_\_

Witness Signature: \_\_\_\_\_  
Date

Volunteer Name: \_\_\_\_\_

Volunteer Signature: \_\_\_\_\_  
Date

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_  
(For students under 18) Date

**This form must be notarized.**

<b>Notary Public:</b>	<b>Seal – Stamp</b>
_____ <b>County,</b> _____ <b>State.</b>	
I, a Notary Public of the County and State aforesaid, certify that	
_____, personally appeared before me	
this day, _____, 20____ and I witnessed their signature(s) on this document.	
My commission expires: _____ Notary Public	

**Samaritan’s Feet International**  
P.O.Box 78992, Charlotte, NC 28271  
10801 Johnston Road, Suite 213, Charlotte, NC 28226  
(866) 833-SHOE, 704.341.1630 (phone), (704) 341.1687 (fax)  
info@samaritansfeet.org; www.samaritansfeet.org.

**PLEASE RETURN**