



Volunteer Application

Applicant Information & Background

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #
City State ZIP Code

Phone: _____ Email _____

Preferred Travel Dates: _____ Age while traveling _____

Passport Number _____ Passport Expiration Date _____

Are you traveling with any medical conditions or dietary restrictions? YES NO If yes, please explain: _____

Do you have previous international volunteer experience? YES NO If yes, when and what was the purpose? _____

Are you traveling with anyone else? YES NO Name(s) of Church or other travelers: _____

How did you hear about COTP? _____

Skills Assessment

What is your current profession? _____ Years of experience: _____

Please check all that apply:

- Electrician, Photography/video, Teaching, Physical therapist, Painting, Teaching/playing Sports, The Arts (music, dance,etc), Pastor or spiritual leader, Encouragement, Cooking/baking, Organizing/cleaning, Leadership & team building, Medical Professional, Child care, Foster care experience, IT/computer

Other: _____

Please explain: _____

Emergency Contact

Full Name: _____ Relationship: _____
Address _____ Phone: _____
City, State _____ Zip Code: _____

Insurance Information

Insurance Company: _____ Policy Number: _____

Does your insurance cover you outside the US/Canada? YES NO

Other Comments

Do you have other comments or concerns?

Applicant Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____

Please submit completed application to:

cotpvolunteer@gmail.com

or

Children of the Promise
Attn: Jenna Clements
1020 Highway 71 NE, Suite 202
Willmar, MN 56201

**INFORMED CONSENT, ASSUMPTION OF
RISKS AND WAIVER AND RELEASE AGREEMENT**

In consideration of being allowed to participate as a volunteer at Children of the Promise (COTP), I hereby acknowledge and agree to the following:

1. Volunteers: I understand that, as a volunteer at COTP, I have voluntarily agree to assist and work at COTP, that I will not be paid for my series, that no medical insurance or workers' compensation or other fringe benefits will be provided by COTP, and that I or COTP may terminate my participation as a volunteer at any time for any reason whatsoever.

2. Assumption of Risk: I am fully aware of and appreciate the risks associated with participating in volunteer activities at COTP in Haiti, a third world country, including the risks of death, personal injury or illness, and property damage, which may be caused by, among other things, the elements; organisms; environmental conditions; crime; accidents; negligence; political conflict, including civil war, war, and terrorism; and travel to and from COTP. I hereby expressly and specifically assume those risks.

3. Waiver and Release: Understanding that COTP is a charitable, non-profit organization operating an orphanage in Haiti, I do hereby release and forever discharge COTP from any and all liability, claims, and demands for death, personal injury or illness, and property damage as a result of participating as a volunteer at COTP, whether caused by the negligence of COTP or otherwise.

4. Medical Treatment: I hereby consent to receive medical treatment that may be deemed advisable in the event of illness, injury, or accident while participating as a volunteer at COTP. I also do hereby release and forever discharge COTP from any and all liability, claims, and demands whatsoever, which may arise as a result of any first aid, treatment, or service rendered in connection with my participating as a volunteer at COTP. I understand that I hereby assume liability for any and all medical expenses incurred as a result of participating in volunteer activities for COTP.

5. Rules and Regulations: I agree to abide by any rules or regulations established for volunteers working at COTP.

6. Miscellaneous: This Agreement is binding upon and inure to the benefit of me, COTP, and our respective heir, executors, administrators, representatives, officers, directors, employees, servants, agents, successors, and assigns. This Agreement is intended to be as broad and inclusive as permitted by and shall be interpreted in accordance with the laws of the State of Minnesota. If any provision of this Agreement is held to be invalid, the invalidity of such provision shall not otherwise affect the remaining provisions of this agreement, which shall nevertheless continue in full force and effect.

I HAVE CAREFULLY READ THIS DOCUMENT IN ITS ENTIRETY. I FULLY UNDERSTAND THIS AGREEMENT AND SIGN IT VOLUNTARILY AND OF MY OWN FREE WILL.

Signature of applicant or legal guardian (if applicant is under 18 years of age): _____

Date: _____