

SUMMER COMMUNITY LEADERSHIP

VOLUNTEER APPLICATION FORM

Date today.:

Personal Information.:

First name.:

Middle name.:

Last name.:

Address.:

City.:

Post Code.:

State/Prov.:

Country.:

Passport No.:

Tel.:

Email.:

Name of Medical Insurance Co.:

Policy No.:

Insurance Tel. No.:

Blood Type.:

Background Information.:

Universities/Colleges you have attended and degrees earned or working toward.:

Please tell us about any educational background , work or volunteering experience that is relevant to the volunteer role for which you are applying.

If you have volunteered before, please give details of where you have volunteered, for how long and describe your volunteer role.

Do you have a history of the following conditions?::

Yes.:

No.:

Heart or circulatory disease, angina or heart attack

Raised blood pressure

Respiratory disease

Asthma/Hay fever

Epilepsy

Diabetes

Back injuries

Joint or dislocation injuries

Heat-stroke or severe dehydration

Fainting or blackout spells

Are you currently being treated for a medical condition? If yes, please clarify.

Please list any medications

you take regularly:

Please specify any allergies.:

Insects/Plants.:

Medication.:

Foods:

Please specify any dietary requirements. (e.g. vegetarianism):

Is there anything else that we should know about that could affect your ability to participate in adventure activities? If yes, please elaborate:

Please sign below after carefully reading and agreeing to the following.:

I understand that there are inherent risks of serious injury or even death possible with adventure tourism activities. I hereby, intending to be legally bound, for myself, my heirs, and assigns, executors and administrators, waive and release forever any and all liability, and all claims for damages against SAS/Guanin, Inc., Administrators, Volunteers, and/or Employees for any and all injuries and/or losses I/my son/my daughter/my ward may sustain associated with participation in SAS/Guanin, Inc. & Student Agency Services's activities.

Please Sign :

Assumption of Responsibility.

I understand that there are inherent risks in adventure travel, such as biking, hiking, cascading and/or whale watching. I acknowledge that part of the enjoyment and excitement of adventure travel is derived from participating in travel and activities with concepts of safety and comfort different from those of "everyday" life. I agree that it is my personal responsibility to fully participate in all instructional sessions before and during the tour, and to understand how the equipment works. I agree to immediately stop using the equipment if found to be damaged or not function properly. I assume responsibility for my own safe behavior, as well as a role in insuring the safety of those with whom I travel.

Please Sign:

Medical Treatment

Release. If medical care is required for me/my son/my daughter/my ward in conjunction with any SAS/Guanin, Inc, activities or related transportation, and if normal permission is not available in a timely manner, the undersigned authorizes appropriate medical care as deemed necessary by emergency medical personnel, a physician, or the medical facility providing treatment.

Please Sign:

Treatment Release.

In case of an emergency, I hereby authorize the following individual not traveling with me on SAS/Guanin, Inc., activities to be contacted and **ASSUME RESPONSIBILITY FOR ME IN CASE OF AN EMERGENCY** that renders me incapable of communication or making competent decisions

Full Name.:

Relationship.:

Tel.:

City.:

State/Province.:

Postal Code.:

Country.:

I hereby certify to (**SAS/Guanin, Inc.**) that I am solely responsible for my medical, psychological and physical condition for the duration of my Volunteer time with **SAS/Guanin, Inc.** I am unaware of any medical, psychological and physical problems that would, in any way, impair my ability to safely participate in this Program's activities. Should any medical, psychological or physical problems arise during the course of my volunteer program with SAS/Guanin, Inc., I am solely responsible for financial costs and expenses related to obtaining any and all medical, psychological and physical care that I may need. I am solely responsible for having adequate insurance coverage for any such care, including, but not limited to, adequate insurance coverage for the costs and expenses of trip cancellation, evacuation, baggage loss or damage, trip interruption, travel accident/sickness, and medical care. **Please Sign:**

And check this box: **I accept the above terms and conditions.**

Signature of Parent/Guardian (if participant is under 18 years old):

Participant confirmation is partially dependent upon receipt of Medical Information & Assumption of Responsibility form.

This form is valid for all **Guanin, Inc./SAS** activities within a 4-month period of the date indicated above. This information will be used to manage any health concerns that may arise while participant is on a **Guanin, Inc./ SAS** activities.

Alternative contact and medical information will be used in a medical emergency.

If you have questions about the collection or use of this information, 24/7 and emergency contact at Tel: +1(829) 875-4599, E-mail guanin@guanin.org, inf@studentservicesdr.org, Dominican Republic.

IF YOU HAVE ANY QUESTIONS, ANY AT ALL, YOU MAY CONTACT DR. LYNNE GUITAR (Ph.D.), CO-FOUNDER OF FUNDACION GUANIN, INC., IN THE U.S.A. AT lynneguitar@yahoo.com or text her at +1 931-337-2888,