



**HOI VOLUNTEER PROFILE—2017**

NAME \_\_\_\_\_ D.O.B. \_\_\_\_\_ GENDER \_\_\_\_\_

FULL NAME AS ON PASSPORT \_\_\_\_\_

PASSPORT NUMBER & Expiration Date \_\_\_\_\_

ADDRESS \_\_\_\_\_ Date of Most Recent HOI Trip \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE (HOME) \_\_\_\_\_ (CELL) \_\_\_\_\_ (WORK) \_\_\_\_\_

EMAIL \_\_\_\_\_

I SPONSOR A STUDENT WITH HOI (check one): YES NO

IF YOU SPEAK SPANISH, WHAT IS YOUR LEVEL (check one): BEGINNER INTERMEDIATE FLUENT

OCCUPATION \_\_\_\_\_ CURRENT CHURCH ATTENDING \_\_\_\_\_

**1. PERSON (NOT TRAVELING WITH YOU) TO NOTIFY IN CASE OF EMERGENCY**

\_\_\_\_\_

RELATIONSHIP TO PARTICIPANT \_\_\_\_\_ TELEPHONE (HOME) \_\_\_\_\_

(WORK) \_\_\_\_\_ (CELL) \_\_\_\_\_

**2. PERSON (NOT TRAVELING WITH YOU) TO NOTIFY IN CASE OF EMERGENCY**

\_\_\_\_\_

RELATIONSHIP TO PARTICIPANT \_\_\_\_\_ TELEPHONE (HOME) \_\_\_\_\_

(WORK) \_\_\_\_\_ (CELL) \_\_\_\_\_

VOCATIONAL / AVOCATIONAL SKILLS YOU CAN SHARE \_\_\_\_\_

I am committed to serve God, the people of Honduras, and my group with love, patience, skill, and understanding. I will participate with an open heart and mind endeavoring to become a better person and a more faithful servant. I will live by the expectations of the HOI staff and attempt to make this experience my best.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**MEDICAL INFORMATION**

PHYSICIAN \_\_\_\_\_ TELEPHONE \_\_\_\_\_

ALLERGIES \_\_\_\_\_

CURRENT MEDICATIONS \_\_\_\_\_

KNOWN MEDICAL PROBLEMS \_\_\_\_\_

**MEDICAL CONSENT FORM:** In the event that I become ill or sustain an injury while on an authorized trip with HOI, I, the undersigned, give my permission to those in charge to take whatever steps necessary to administer needed First Aid or medical treatment. I give my permission to the attending used by those in charge to hospitalize, secure proper treatment, order injections, medications, or emergency surgery in the case of emergency.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_



HOI – 2017 - Central America

ACKNOWLEDGEMENT, RELEASE, COVENANT AND INDEMNIFICATION AGREEMENTS

Since beginning work in Honduras over 25 years ago, HOI, Inc. (formerly known as Honduras Outreach, Inc.) has enabled thousands of visitors from the United States to have enjoyable, rewarding visits to Central America. Because the places HOI sends teams are in relatively inaccessible, economically poor areas of Central America, including Honduras and Nicaragua, it is very important that visitors be in good health and understand in advance the travel required and the conditions at the work sites and other places they may visit. In exchange for the opportunity to participate in HOI activities, visitors and parents of minor youths who visit are required by HOI to enter into this Agreement. It is a covenant not to sue HOI or its personnel and to release and indemnify them against certain types of claims. You should carefully read and be sure you understand the following information and agreements.

HOI Project Locations and Travel Conditions; Medical Considerations

Central America includes some of the poorest, least developed countries in the western hemisphere. Many places HOI visits are very rural areas remote from paved roads, telephone landlines and cell phone service. Thus, at times, routine communications with persons in North America may not be possible, and emergency communications may be unreliable. HOI trips will involve travel on domestic and international air carriers, as well as on foot and on buses and other vehicles, some of which may not have seat belts. Vehicle maintenance in Central America is often inferior to that in North America, only some of the roads are paved, many of the roads are not in good repair, and the roads and public areas are not all well patrolled by public safety officers. Accordingly, there are hazards of travel to and in Central America. As is true elsewhere, crimes against property and people occur with some frequency in portions of Central America, possibly including areas that will be visited, and there is some risk of theft, kidnapping, terrorism and other violent crimes. Food borne illnesses are common, and municipal system water is not safe to drink. Medical services, particularly emergency services, consistent with North American standards are not available, and the nearest hospital may be remote from areas visited.

HOI activities are conducted in an effort to assure the health and safety of both visitors and residents. However, some of the areas visited are working farms with the inherently dangerous conditions associated with any farm, including the presence of farm equipment and horses, cattle and other large animals. These conditions require care on the part of visitors. Visitors who work on HOI projects may engage in hazardous manual labor using picks, shovels, machetes, saws, knives, trowels, hammers, ladders, power tools and other potentially dangerous tools, may work at heights greater than ten feet above the ground and may be subjected to inclement weather, including locally typical weather that contributes to a risk of heat exhaustion. Common recreational activities of Central American visitors not HOI sponsored include touring, canopy zip-line tours, kayaking, hiking, volcano boarding or surfing, horseback riding, ocean surfing, sporting activities and swimming.

The risks and hazards associated with travel and other activities in Central America include possible bodily injury and death, and this is not a complete list of the risks and hazards that may be encountered. You must share responsibility for protecting your own health and safety by taking appropriate precautions before and during their trip, observing common sense and HOI safety rules, undertaking only activities, and using only tools, with which you are comfortable and following the advice and directions of HOI staff members throughout the visit. You should consult with your personal physician before your trip to Central America and obtain all appropriate vaccinations and protective medicines. You should have a physical if you have not recently had one, and you must supply HOI with a physician’s statement indicating that your doctor is not aware of any health condition or other reason you should not participant in the trip and activities.

RELEASE, COVENANT AND ASSUMPTION OF RISK AGREEMENT

In consideration of the opportunity afforded me by HOI to visit Central America and/or engage in HOI activities, and in recognition of the possible hazards to which I may voluntarily subject myself in Central America and in traveling outside the United States of America to visit a substantially less developed region of the world, I acknowledge that I have read and understand the information and dangers set forth above, I assume all risks associated with these activities and travel, and I hereby knowingly, freely and voluntarily waive any right, claim or cause of action, of any kind whatsoever, arising as a result of my visit to Central America, including travel relating to the visit, from which any liability may or could accrue to HOI, its officers, directors or employees (collectively, the “Releasees”), and I hereby release the Releasees from any such claim or causes of action I may in the future have against any of them arising out of such activities, and I hereby covenant not to sue or otherwise assert claims of any kind against any of the Releasees arising out of such activities. This Agreement shall be binding on me and my heirs, executors, legal representatives and assigns, and shall be governed by the internal laws of the State of Georgia, and any litigation between me and the Releasees pertaining to any of these matters shall be brought and conducted solely in the Superior Court of DeKalb County, Georgia.

Signed by visitor on the date shown below in the presence of two witnesses:

Signature of visitor: \_\_\_\_\_

1. Witness: \_\_\_\_\_

Print name of visitor: \_\_\_\_\_

Print witness name: \_\_\_\_\_

Date signed: \_\_\_\_\_

2. Witness: \_\_\_\_\_

Visitor’s date of birth \_\_\_\_\_

Print witness name: \_\_\_\_\_



**2017 ACKNOWLEDGEMENT, RELEASE, COVENANT AND INDEMNIFICATION AGREEMENT**

***for Parents or Guardian(s) of Minor Visitor***

Both parents or legal guardians of each visitor who is under 18 years of age should read carefully and must sign the following Acknowledgement, Release, Covenant and Indemnification Agreement.

**ACKNOWLEDGEMENT, RELEASE, COVENANT AND INDEMNIFICATION AGREEMENT**

I/We, the parent(s) or guardian(s) of the minor identified above (the “Minor”), in consideration of his or her being permitted to engage in HOI activities, and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, acknowledge that I / we have read and understand the dangers identified above and the information set forth above about activities in Central America, and I / we hereby agree: (1) to indemnify and hold forever harmless HOI, its officers, directors and employees (collectively, the “Releasees”) against loss from any and all claims, demands or actions in law or in equity that may hereafter at any time be made or brought by the above-identified minor or by anyone on behalf of him or her for the purpose of enforcing a claim arising out of or in connection with the visit or associated activities or travel and (2) to waive and release the Releasees from, and covenant not to sue any of the Releasees asserting, any claim, right or cause of action of any kind whatsoever, arising as a result of the visit or associated activities or travel by the Minor, which I/we may ever have. This Agreement shall be binding on me/us and my/our heirs, executors, legal representatives and assigns and shall be governed by the internal laws of the State of Georgia, and any litigation between me/us and the Releasees pertaining to any of these matters shall be brought and conducted solely in the Superior Court of DeKalb County, Georgia.

Signed on the date(s) shown below:

1. Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Relationship to Minor Visitor: \_\_\_\_\_

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

2. Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Relationship to Minor Visitor: \_\_\_\_\_

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

**Please note that both parent/guardian signatures are required unless one parent/guardian is deceased.**



1990 Lakeside Parkway Suite 140 Tucker, GA 30084 404.327.5770 Fax 404.327.5767 [www.hoi.org](http://www.hoi.org)

Dear Physician,

Your patient identified below plans to accompany a group visiting one or more communities in Central America for at least one week.

Many of the communities visited are in rural areas and include working farms. The visit will involve travel on domestic and international air carriers, as well as buses and possibly other land transportation. Routine communications with some of the communities visited are not possible, and emergency communications are unreliable. Food borne illnesses are common in Central America and municipal system water is not safe to drink. Medical services, particularly emergency services, consistent with North American standards are *not* available and the nearest hospitals may be located several hour's drive away. Activities during the visit may include vigorous athletic and other strenuous physical activities in connection with home improvement and other projects.

HOI, a Georgia nonprofit corporation that operates in Central America and will host the group your patient will travel with, requires that each prospective visitor obtain the following statement from his / her physician.

Thank you,

HOI

### PHYSICIAN'S STATEMENT 2017

To HOI:

Based on my examination and familiarity with the medical history of \_\_\_\_\_ (name of patient) and the information set forth above, I am aware of no reason he / she should not travel to Central America or, except as noted below, participate in vigorous physical activities.

Limitation on activities: \_\_\_\_\_

Medications: \_\_\_\_\_

Physician's signature: \_\_\_\_\_

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Team Name: \_\_\_\_\_ Travel date: \_\_\_\_\_

**Strengthen Communities Through Long Term Partnerships.**



## POLICIES OF HOI – 2017

**Alcohol & Drug:** The use of alcoholic beverages and illegal drugs is prohibited while traveling under the auspices of HOI. Please be sensitive to the fact that there may be those with you who are battling addictions to these substances.

**Minors Traveling:** Volunteers who travel with HOI must be at least 14 years of age by the week their group is scheduled to travel. 13 year olds may travel with HOI but must be accompanied by a parent. The final decision regarding age criteria above 13 years is at the discretion of the Mission Team Leader.

**Group Travel:** Mission teams must travel together as a group from Day One of the mission week until the conclusion of the trip one week later. Due to staff and vehicle limitations, travel at any other time is not possible. Only individuals whose paperwork and payment have been received by the six-week deadline will be allowed to travel.

**Community Development / Mission Trip Requests:** The Community Development Program is specifically designed to train residents in problem solving, teamwork, and planning. It addresses needs in village infrastructure, education, spiritual growth, health and hygiene, agriculture and economic development. This program is designed to teach and encourage the people to be independent rather than dependent. Therefore, please adhere to the following:

- Gifts of cash directly to villagers or to an HOI employee or its agents are prohibited and jeopardize the person's employment. If you wish to assist a village financially or through a specific project please contact the US office. Since projects in each village have been identified and prioritized by the villagers themselves, something a North American missionary perceives as a priority may differ from what the actual village has identified. HOI encourages teams to partner with the Community Development program as an avenue for assisting villages in meeting their priorities. Please refrain from making promises as individuals or as a team to a community or a specific person. HOI has avenues in place to assist with special projects. Please contact the US office for more information on Partnering or if you wish to assist financially.
- Though we condone communication with our Central American staff on a personal level, specific requests and arrangements involving a mission trip are discouraged. Any special arrangements or requests must be initiated prior to the mission trip with the Mission Program Coordinator in the US office. Every effort will be made to accommodate requests.

### Missioner Agreement:

I, \_\_\_\_\_ (your name), as mission team member  
with \_\_\_\_\_ (team name), have read and understand the  
**Policies of HOI. I will adhere to these rules while traveling under the leadership of HOI and  
upon returning home.**

**Signature:** \_\_\_\_\_

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