



Volunteer Application

Please complete and send in the following immediately:

Volunteer Application:

- **Signed Code of Conduct Agreement and Fundraising Contract**
- **Signed and Notarized Travel Release Form**
- **Initial Deposit Coupon and Payment:** to hold your space, send in the coupon below with your \$100 non-refundable deposit and write a paragraph in the space on the bottom of the deposit coupon about what it means to you to be a part of ELAND and what it means to you to Volunteer overseas. (Your initial deposit can be donated by others)
- **Photocopy of your Passport:** send in a copy of the portrait and signature page(s) from your passport. Your passport must be valid for at least one year after you travel. If you are in the process of obtaining your passport, please send us all other application materials immediately and send the photocopy as soon as possible. If you are within three months of the departure date and do not have one, please contact your Trip Coordinator immediately.
- **Photocopy of Professional License and Diploma (Dentists and Doctors):**

Mail the pieces above and the coupon below to:

**ELAND
P. O. Box 21844
Seattle, WA 98111**

Cut here and include the coupon below with your \$100 non-refundable deposit to hold your space.

Initial Deposit Coupon

Name (as stated on Passport or Birth Certificate):

Last _____ First _____ Middle _____

Address _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ E-mail _____

Trip Destination _____ Trip Dates _____

Write a paragraph the reason you want to be a part of ELAND mission Volunteers:

Education for Leadership and Network Development Volunteer Application.

General Information:

Name (as stated on Passport or Birth Certificate):

Last: _____ First: _____ Middle: _____

Physical Address (no PO Boxes) _____

City: _____ State: _____ Zip: _____

Home Phone (_____) _____ Work Phone (_____) _____

Cell Phone (_____) _____ E-mail: _____ @ _____

Gender: Male Female Birth Date ____/____/____ Occupation: _____

Marital Status: Single Married Name of Spouse: _____

Anyone related to you traveling on this trip? Yes No List: _____

If you are under the age of 18, who is your chaperone? _____

How did you hear about us? _____

I am applying for the following position: Medical/Dental, Specialty _____

***Note to all doctors and dentists: please include a copy of your license and diploma with your application.*

Construction Participant/Volunteer Other _____

Trip Information:

I would like to apply for the following trip:

Dates _____

Passport Information: (please send a copy of your passport's portrait/signature page)

***If you do not have a passport, please leave this portion of the application blank and apply for one immediately.*

Passport Number _____ Citizenship: USA Canada Other _____

Date of Issuance ____/____/____ Date of Expiration ____/____/____ Place of Birth _____

Field Experience:

I have been on a trip with ELAND: Yes No List Years _____

I am proficient in the following languages (i.e. I can translate conversationally for my teammates):

Medical Information:

Do you have any particular health problems or physical limitations? Yes No

Describe _____

Are you (or will you be at the time of the trip) on any medication(s)? Yes No

Please list _____

Do you have any chronic diseases or allergies? Yes No

Please list _____

Are your vaccinations up to date? Yes No

Recommended vaccines include Hepatitis A, Hepatitis B, Typhoid, Tetanus-diphtheria and measles. See the CDC website for further information. <http://wwwnc.cdc.gov/travel/destinations/kenya.htm>.

Emergency Contact: (please do not list anyone who will be traveling with you on the trip)

Name _____ Relationship to you _____

Address _____ City _____ State _____ Zip _____

Home Phone (_____) _____ Work Phone (_____) _____

Cell Phone (_____) _____ E-mail _____ @ _____

Authorization:

I have read and understand the above information. The information I have given is accurate and true to the best of my knowledge. My enclosed signature (and signature of my parent or legal guardian because I am under the age of 18) signifies my approval of participation on a ELAND Volunteer trip.

Applicant's Signature _____ Date ____/____/____

Parent Signature (if under 18) _____ Date ____/____/____

TRAVEL RELEASE FORM

I, the undersigned, on behalf of myself/my child desiring to visit Kenya with ELAND and participate in short-term volunteer project do hereby release and forever discharge ELAND and their respective members, employees, officers, directors and representatives from any and all damages, liability and costs for any and all injuries, losses or damages I/my child might have on or in any way relating to such a trip including—without limitation--those relating to me/my child leaving the United States of America and visiting foreign countries, including my/my child's stay in any such foreign country and my/my child's trip to and from any such country. I understand that each volunteer is responsible for obtaining their own travelers insurance, if they so wish to be covered.

I am eighteen (18) years of age or older (if my child is under 18, I am signing on their behalf) and this RELEASE is binding on me and my executor, administrators, and heirs. I give ELAND and its representative(s) with me/my child on any such trip authority to request and authorize medical and/or hospital treatment for me/my child's benefit in the event of any injury or sickness sustained by me/my child while on such a trip including--without limitation--while traveling to and from any foreign country. I agree to pay for all such treatment and to reimburse ELAND for all costs and expenses incurred with respect to such treatment. If I am responsible for a minor on a trip, I am fully aware of any health concerns or medications and am prepared to take full responsibility for them. I am aware that serious illness or injury may occur on a humanitarian trip and that such illness and injury may result in me/my child incurring costs, expenses and damages for which I am solely responsible including, but not limited to, return of myself/my child by air ambulance or other extraordinary means. I also understand that Volunteer trips may be associated with risk of bodily harm, death and/or damage to or loss of personal possessions resulting from--without limitation--inclement weather, transportation accident or terrorism. I hereby release and hold harmless ELAND, its officers, employees, agents and representatives/ volunteers from all liability for personal injury, including death, as well as all property damage or loss arising out of my/my child's participation in this trip.

I understand that this RELEASE and indemnification releases liability of the conduct of ELAND and its agents, servants or employees.

I have read the above, understand it and agree with its statements:

Signature: _____
Printed Name: _____ **Date:** ___/___/___

Minor Release:
I do hereby authorize my child _____(child's name) to travel with ELAND during the month(s) of _____ (list month(s) to _____ (country).

Signature of Father: _____ **Printed Name:** _____
Date: ___/___/___

Signature of Mother: _____ **Printed Name:** _____
Date: ___/___/___

***Requires signature of BOTH parents if individual is under the age of 18*

Notarization

State of: _____, **County of:** _____.

Before me, the undersigned, a Notary Public in and for said county and state on _____, 200____, personally appeared the identical person who executed the within and foregoing instrument and acknowledged to me that he/she executed the same as his/her free and voluntary act and deed, for the uses and purposed therein set forth. Given under my hand and seal of office the day and year above written.

Notary Stamp

My commission expires ___/___/___