

**Checklist of Required Forms/Waivers
for HOPEww Volunteer Corps/Singles Corps Adult Participants
(age 18 or older by the start of HVC site)**

- HVC Confidential Health Form
- Health Care Notice of Privacy Practices
- Adult Participant Waiver, Consent and Release Form
- HSC Participant Agreement and Understanding of Responsibilities
- Sexual Abuse Policy
- Photography/Media Release Form

**ALL FORMS NEED TO BE SIGNED, SCANNED (CLEARLY) AND UPLOADED
TO YOUR ACCOUNT AT HOPEWW.ORG/HYCAPPLY.**

PLEASE DO NOT SEND PHOTOS OF FORMS AND DO NOT MAIL FORMS.

HOPEww Volunteer Corps (HVC) Confidential Health Form

Participant's name: _____
 Emergency Contact #1: _____ Phone: _____
 Emergency Contact #2: _____ Phone: _____
 Medical Insurance Company (US participants): _____
 Policy/Group Number (US participants): _____

Explain any 'yes' answers in the space below. If you are unwilling to respond to a question, contact hyc@hopeww.org.

Does the participant have or ever had any of the following?

	Yes		Yes		Yes
Allergies (specify)	<input type="radio"/>	Shortness of breath	<input type="radio"/>	Stomach/duodenal ulcer	<input type="radio"/>
Hay fever, asthma	<input type="radio"/>	Skin Conditions	<input type="radio"/>	Hepatitis	<input type="radio"/>
Diabetes	<input type="radio"/>	Heart Trouble	<input type="radio"/>	Intestinal troubles	<input type="radio"/>
Headaches/Migraines	<input type="radio"/>	High blood pressure	<input type="radio"/>	Head Injury	<input type="radio"/>
Epilepsy	<input type="radio"/>	Low blood pressure	<input type="radio"/>	Anemia	<input type="radio"/>
Eating Disorder	<input type="radio"/>	Rheumatism/arthritis	<input type="radio"/>	Fevers	<input type="radio"/>
Mental/Nervous Disorders	<input type="radio"/>	Back problems	<input type="radio"/>	Malaria	<input type="radio"/>
Weakness	<input type="radio"/>	Dislocation of joints	<input type="radio"/>		
Paralysis	<input type="radio"/>	Broken bones	<input type="radio"/>	FEMALES ONLY	
Insomnia	<input type="radio"/>	Fainting Spells	<input type="radio"/>	Irregular periods	<input type="radio"/>
Eye/Ear Trouble	<input type="radio"/>	Surgery (specify)	<input type="radio"/>	Severe cramps	<input type="radio"/>
Dysentery	<input type="radio"/>	Tuberculosis	<input type="radio"/>	Excessive flow	<input type="radio"/>

If yes, please explain _____

Is the participant currently under doctor's care for any condition? Yes (specify) No

Is the participant taking any medication at this time? Yes (specify) No

Does the participant have any physical disabilities and/or emotional/mental health conditions that require special attention?

Yes (specify) No

Does the participant have any dietary restrictions? _____

Would you rate the participant's overall health condition as: Excellent Good Fair Poor

Have you received a tetanus shot within the last 10 years? (Current tetanus shot is required): Yes No

I have read the *Confidential Health Form* and agree that to the best of my knowledge it is correct and complete as it stands. I/we also agree to hold the HOPE worldwide, its employees and the volunteers harmless from all liability resulting from any accidents or illness to the participant. I verify that all information on this form is complete and accurate and I have read and understand all information contained herein.

HVC Participant's Signature

Date

HVC Health Care Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED. **PLEASE REVIEW IT CAREFULLY.**

Uses and Disclosures

Treatment - Your health information may be used by HVC staff for the purpose of evaluating your health, assessing medical conditions and providing treatment. Brief information about your medical condition may be shared with the HVC staff to provide treatment for your injuries or medical conditions.

Referral - Your health information may be communicated to other health professionals in the event of an emergency situation where referral to an advanced medical facility is warranted.

Participation - In the HOPEww Volunteer Corps setting, it is a necessity that HVC staff communicate with coordinators and administrators. Discussing your health information allows them to make participation decisions. The HVC Director and HVC Coordinators will disclose information that is determined necessary for these decisions to be made. This information may include information from a physician's evaluation; laboratory or diagnostic testing results; or other pertinent information. This information, with input from the HVC staff, is used as a tool to assist the HVC staff in determining the ability of each participant to participate.

Other uses and disclosures require your authorization. Disclosure of your health information or its use for any purpose other than that listed above requires your specific written authorization. If you change your mind after authorizing use or disclosure of your information, you may submit a written revocation of the authorization.

Individual Rights You have certain rights under the federal privacy standards. These include:

- o The right to restriction on the use and disclosure of your protected health information
- o The right to receive confidential communications concerning your medical condition treatment
- o The right to inspect and copy your protected health information
- o The right to amend or submit corrections to your protected health information
- o The right to receive a printed copy of this notice

Notice of Privacy Practices Acknowledgement

I hereby acknowledge that I have received the Notice of Privacy Practices statement.

HVC Participant's Printed Name: _____

HVC Participant's Signature: _____

ADULT PARTICIPANT RELEASE, WAIVER, AND CONSENT

I, _____, having been approved to participate in HOPEww Volunteer Corps (HVC), acknowledge that I have received, read, and understood the materials provided to me to HOPE *worldwide, Ltd.*, which describe the HOPEww Volunteer Corps activities that I will be engaged in during 2018. I understand that my participation in HVC may involve programs located in impoverished neighborhoods in the United States of America or traveling to countries where I may encounter poor living standards, unclean or dangerous environments, and unstable political climates. I understand that such program locations may present inherent dangers that could result in injury, illness, and/or loss of life to myself. I understand that the activities that I may engage in (which may include but not be limited to swimming, white-water rafting, canoeing, boating, hiking, rock climbing, zip-lining, and working with power drills) may present unique risks such as contracting a serious illness or sustaining personal injury. I understand that HOPE *worldwide, Ltd.* takes reasonable precautions to participants to prevent any of these adverse consequences against its participants, such as warning against the dangers, suggesting that participants consult with medical authorities regarding appropriate vaccinations, and educating its participants on how to handle potential problems. Nevertheless, I understand that these matters are largely, and at times, entirely beyond the control or influence of HOPE *worldwide, Ltd.*, and therefore, represent risks that I must seriously consider in executing this release and waiver.

Having been fully informed of such risks, I hereby agree to assume the risks described above and hold harmless and release from any and all liability, HOPE *worldwide, Ltd.*, its directors, officers, employees, agents, volunteers, affiliates, sponsors and promoters, as well as their respective, directors, officers, employees, and agents (hereafter collectively known as "HOPE *worldwide* and its Sponsors"), for any injury, illness or death to myself, arising out of or in connection with my participation in HVC . Also, to the fullest extent allowed by law, I hereby waive and discharge my rights, including those of my heirs or assigns, to any and all claims of damages for injury, illness or death to myself, or for loss or damage to my property, against HOPE *worldwide* and its Sponsors, arising out of or in connection with my participation in HOPEww Volunteer Corps. To the best of my knowledge, I have no physical or medical condition which would in any way restrict or interfere with my ability to participate in HOPEww Volunteer Corps, or that may present a danger to the well-being of myself or others.

In case of an emergency, I hereby give permission for the person(s) leading or directing this activity (the HVC leader), to use their best judgment in obtaining medical attention or treatment for me if such attention or treatment is required during HOPEww Volunteer Corps. I further give permission to the physician or other medical professional that is selected by the HVC leader, to render medical attention or administer medical treatment as the physician or medical professional deems appropriate and necessary. I also give permission for the HVC leader to render any assistance (e.g., first aid, CPR) to me in the event of injury or illness. I assume full responsibility for all expenses incurred from medical or dental treatment.

HVC Participant's Signature

Date

HVC Participant's Name (printed clearly)

Date

HOPEww SINGLES CORPS PARTICIPANT AGREEMENT
AND UNDERSTANDING OF RESPONSIBILITIES

It is a great opportunity and honor to be accepted to participate in HOPEww Singles Corps (HSC). In order to communicate the importance of your responsibility as a participant in HSC, we have provided below an outline of your responsibilities.

Please initial each of the items below and sign your name at the bottom of the document to acknowledge your compliance. *For minors (under 18 years old), a parental/guardian's initials and signature is also required.*

I understand that I have chosen to participate in the 2017 HOPEww Singles Corps and I am agreeing to the following terms and conditions:

_____ I will ensure that all program fees associated with my participation in HOPEww Singles Corps are submitted **in full by payment deadlines**. I also understand that failure to make this deadline may result in the forfeiting of my spot on HSC.

_____ I will notify HOPEww Singles Corps of any changes in my contact information (including my address, phone number or e-mail address) in writing, by email at hyc@hopeww.org.

_____ I will take the time to read and understand each of the requirements for participation in HSC and will return any required paperwork by the deadlines assigned.

_____ I will accept responsibility for obtaining, at my expense, any additional documents (i.e. passport, Visa) or immunizations required for my participation in HSC.

_____ I understand that there are cultural differences/sensitivities surrounding use of alcohol and will defer to the leadership of the local HSC for guidance on the consumption of alcohol while on the trip. I will abstain from the use of tobacco and inappropriate/illegal use of drugs.

_____ I will remain a member in good standing with a church that currently supports HOPE *worldwide* ltd. or will receive the necessary recommendations from supporting church leadership. The determination of church support is solely at the discretion of HOPE *worldwide*, ltd. If for any reason I do not remain a member in good standing, I will forfeit my opportunity to attend the HSC.

I have read and fully understand the HSC Agreement and Understanding of Responsibilities and acknowledge my responsibilities described. I also understand the consequences resulting from failure to meet these responsibilities.

HSC Participant's Printed Name

HSC Participant's Signature

Sexual Abuse Policy

HOPE *worldwide, Ltd.* (the Organization) prohibits and does not tolerate sexual abuse in the workplace or in any Organization-related activity. The Organization provides procedures for employees, volunteers, family members, board members, clients, victims of sexual abuse, or others to report sexual abuse and disciplinary penalties for those who commit such acts. No employee, volunteer, client or third party, no matter his or her title or position has the authority to commit or allow sexual abuse.

The Organization has a Zero-Tolerance policy for any sexual abuse committed by an employee, volunteer, board member or third party. Upon completion of the investigation, disciplinary action up to and including termination of employment and criminal prosecution may ensue.

Sexual abuse is inappropriate sexual contact of criminal nature or interaction for gratification of the adult who is a caregiver and responsible for a client's or child's care. Sexual abuse includes sexual molestation, sexual assault, sexual exploitation or sexual injury, but does not include sexual harassment. Any incidents of sexual abuse reasonably believed to have occurred will be reportable to appropriate law enforcement agencies and regulatory agencies.

Physical and behavioral evidence or signs that someone is being sexually abused are listed below.

Physical evidence of abuse:

- Difficulty in walking
- Torn, stained or bloody underwear
- Pain or itching in genital area
- Bruises or bleeding of the external genitalia
- Sexually transmitted diseases

Behavior signs of sexual abuse:

- Reluctance to be left alone with a particular person
- Wearing lots of clothing especially in bed
- Fear of touch
- Nightmares or fear of night
- Apprehension when sex is brought up

Reporting Procedure

If you are aware of or suspect sexual abuse taking place, you must immediately report it to the Governance Officer. The Organization should report the alleged sexual abuse incident to their insurance agent.

Anti-retaliation

The Organization prohibits retaliation made against any employee, volunteer, board member or client who reports a good faith complaint of sexual abuse or who participates in any related investigation. Making false accusations of sexual abuse in bad faith can have serious consequences for those who are wrongly accused. The Organization prohibits making false and/or malicious sexual abuse allegations, as well as deliberately providing false information during an investigation. Anyone who violates this rule is subject to disciplinary action, up to and including termination.

Investigation and Follow-up

The Organization will take all allegations of sexual abuse seriously and will promptly and thoroughly investigate whether sexual abuse has taken place. If the Organization has a trained internal investigation team in place, the team will be used to investigate the incident. The Organization will cooperate fully with any investigation conducted by law enforcement or other regulatory agencies. It is the Organization’s objective to conduct a fair and impartial investigation. The Organization provides notice that they have the option of placing the accused on a leave of absence or on a reassignment to non-client contact.

The Organization will make every reasonable effort to keep the matters involved in the allegation as confidential as possible while still allowing for a prompt and thorough investigation.

Acknowledging Receipt and Understanding of Sexual Abuse Policy

I acknowledge that I have received and read the sexual abuse policy and/or have had it explained to me. I understand that the organization will not tolerate any employee, volunteer, board member or third party who commits sexual abuse. Disciplinary actions will be taken against those who are found to have committed sexual abuse.

I understand that it is my responsibility to abide by all rules contained in the policy. I also understand how to report incidents of sexual abuse as set forth in the abuse policy, including retaliating against any employee/volunteer exercising his or her rights under the policy.

HVC Participant’s
Printed Name

HVC Participant’s
Signature

HOPEww Volunteer Corps (HVC) Health Care Duties

DO NOT RETURN – FOR YOUR INFORMATION ONLY

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices. We are also required to abide by the privacy policies and practices that are outlined in this notice.

Right to Revise Privacy Practices

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required with changes in federal and state laws and regulations. If there are changes, we will provide you with a revised notice.

Requests to Inspect Protected Health Information

As permitted by federal regulation, requests to inspect or copy protected health information must be submitted in writing. For health records maintained by facility operators utilized by the HYC, written requests must be submitted to the HOPE *worldwide* staff.

Complaints

If you would like to submit a comment or complaint about the privacy practices of HOPEww Volunteer Corps, please do so by sending a letter outlining your concerns to:

Mandy Goins

Email: hyc@hopeww.org

Fax: (484) 906-9443

Phone: (484) 586-3611

If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same email address.

Contact Person

For any further information concerning the privacy practices of HOPEww Volunteer Corps, please contact the supervisor listed above.

Effective Date

This Notice is effective on or after August 19, 2016

Photography/Media Release Form

For the sole consideration of my participation in HOPE *worldwide* Volunteer Corps (including HOPE Youth Corps, HOPEww Medical Corps, HOPEww Singles Corps, HOPEww Agriculture Corps, HOPEww Adventure Corps) I, the undersigned, grant to HOPE *worldwide* the absolute right and unrestricted permission to copyright and/or use, and/or publish my likeness and voice in photographs of me (still, single, multiple or moving), audio, video, (digital, electronic or other medium) in whole or in part, made in conjunction with my participation in the above activities, notwithstanding the source of said photographs, audio, and/or video.

I waive any right that I may have to inspect and approve the photographs/pictures/audio/video. I further agree and understand that the photographs/pictures/audio/video may be reproduced and distributed in any medium in promotional and other publications HOPE *worldwide* deems appropriate. I do hereby release to HOPE *worldwide* all rights to exhibit this work publicly or privately, including posting it on HOPE *worldwide*'s website and social media. I waive any rights, claims or interests I may have to control the use of my identity or likeness in the photographs/audio/video and understand that such materials remain the property of HOPE *worldwide*. I agree that any uses described herein may be made without compensation or additional consideration to me. I further consent that my name and identity may be revealed therein or by descriptive text or summary.

I hereby release and forever discharge HOPE *worldwide* and their officers, agents, and employees from any and all claims, demands, rights and causes of actions of whatever kind that its officers, trustees, agents and employees (current and former) from and against any and all claims, demands, and actions or causes of action, claims for attorney's fees whatever kind or nature which might be asserted against them, by or on behalf of myself, my heirs, assigns, attorneys in fact, attorneys at law, personal representative(s), dependents, or otherwise, arising from the use of photographs/pictures/audio/video of me in connection with any HOPE *worldwide* activities.

I affirm that the only consideration for signing this Agreement are the above stated terms, that no other promise or agreement of any kind has been made to or with me by any persons or entity whomsoever to cause me to execute this Agreement.

IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have fully informed myself of the contents of the foregoing Use of Photographs Agreement and Release by reading the same before signing, I understand its contents and binding effect, and I am signing this document freely and voluntarily, no oral representation, statements or inducements, apart from the foregoing written agreement, have been made. I further state that I am at least eighteen (18) years of age and fully competent to sign this agreement. If participant is a minor, his or her parent or guardian must sign this form.

HVC Participant Name (please print) _____

Signature _____ Date _____

If participant is under 18 years of age:

Parent/Guardian Name (please print) _____

Parent/Guardian Signature _____ Date _____