

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

- Confidential Health Form
- Health Care Notice of Privacy Practices
- Adult Participant Waiver, Consent and Release Form
- 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 Adventure Corps 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"/>	<b>FEMALES ONLY</b>	
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.

\_\_\_\_\_  
Adventure Corps Participant's Signature

\_\_\_\_\_  
Date

## **HOPEww Adventure Corps (ADV CORPS) 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 ADV CORPS 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 ADV CORPS 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 Adventure Corps setting, it is a necessity that ADV CORPS staff communicate with coordinators and administrators. Discussing your health information allows them to make participation decisions. The Director and 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 ADV CORPS 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.

Participant's Printed Name: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_

**HOPE worldwide ADVENTURE CORPS ADULT PARTICIPANT RELEASE, WAIVER,  
AND CONSENT**

I, \_\_\_\_\_, having been approved to participate in HOPEww Adventure Corps (ADV CORPS), acknowledge that I have received, read, and understood the materials provided to me to HOPE worldwide, Ltd., which describe the HOPEww Adventure Corps activities that I will be engaged in during 2018. I understand that my participation in ADV CORPS may involve programs located in impoverished neighborhoods in the United States of America 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) 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.

**I AM VOLUNTARILY PARTICIPATING IN THE AFOREMENTIONED ACTIVITY AND I AM PARTICIPATING IN THE ACTIVITY ENTIRELY AT MY OWN RISK. I AM AWARE OF THE RISKS ASSOCIATED WITH TRAVELING TO AND FROM AS WELL AS PARTICIPATING IN THIS ACTIVITY, WHICH MAY INCLUDE, BUT ARE NOT LIMITED TO, PHYSICAL OR PSYCHOLOGICAL INJURY, PAIN, SUFFERING, ILLNESS, DISFIGUREMENT, TEMPORARY OR PERMANENT DISABILITY (INCLUDING PARALYSIS), ECONOMIC OR EMOTIONAL LOSS, AND DEATH. I UNDERSTAND THAT THESE INJURIES OR OUTCOMES MAY ARISE FROM MY OWN OR OTHERS' NEGLIGENCE, CONDITIONS RELATED TO TRAVEL, OR THE CONDITION OF THE ACTIVITY LOCATION(S). NONETHELESS, I ASSUME ALL RELATED RISKS, BOTH KNOWN OR UNKNOWN TO ME, OF MY PARTICIPATION IN THIS ACTIVITY, INCLUDING TRAVEL TO, FROM AND DURING THIS ACTIVITY.**

**I ACKNOWLEDGE THAT THIS ACTIVITY MAY INVOLVE A TEST OF A PERSON'S PHYSICAL AND MENTAL LIMITS AND MAY CARRY WITH IT THE POTENTIAL FOR DEATH, SERIOUS INJURY, AND PROPERTY LOSS.** The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, lack of hydration, condition of participants, equipment, vehicular traffic and actions of others, including but not limited to, participants, volunteers, event guides, and/or producers of the event.

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 Adventure 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 Adventure 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 ADV CORPS leader), to use their best judgment in obtaining medical attention or treatment for me if such attention or treatment is required during HOPEww Adventure Corps. I further give permission to the physician or other medical professional that is selected by the ADV CORPS 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 ADV CORPS 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.**

\_\_\_\_\_  
HOPEww Adventure Corps Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
HOPEww Adventure Corps Participant's Name (printed clearly)

\_\_\_\_\_  
Date

## **PARTICIPANT AGREEMENT AND UNDERSTANDING OF RESPONSIBILITIES**

It is a great opportunity and honor to be accepted to participate in HOPEww Adventure Corps (ADV CORPS). In order to communicate the importance of your responsibility as a participant in ADV CORPS, 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.

**I understand that I have chosen to participate in the 2018 HOPEww Adventure Corps and I am agreeing to the following terms and conditions:**

\_\_\_\_\_ I will ensure that all program fees associated with my participation in HOPEww Adventure 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 ADV CORPS.

\_\_\_\_\_ I will notify HOPEww Adventure 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](mailto:hyc@hopeww.org).

\_\_\_\_\_ I will take the time to read and understand each of the requirements for participation in ADV CORPS 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 ADV CORPS.

\_\_\_\_\_ I will abstain from the use of ANY substances that contain tobacco, alcohol or drugs that have not been prescribed for my use by a physician while participating in ADV CORPS, regardless of the legal age of consumption in the country I am visiting. I understand that if I do use a substance that contains tobacco, alcohol or an inappropriate use of drugs, I will forfeit the remainder of my ADV CORPS experience and will be sent home, at my expense. I will also abstain from making modifications/changes to my physical appearance (dyeing hair, getting tattoos or piercings, etc.) while in attendance on the ADV CORPS.

\_\_\_\_\_ I will not bring a firearm on the HOPE *worldwide* Adventure Corps. Bringing any firearms to the Adventure Corps is strictly prohibited and violation of this policy will result in a participant being sent home immediately at his/her own expense.

\_\_\_\_\_ 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 ADV CORPS.

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

\_\_\_\_\_  
Participant's Printed Name

\_\_\_\_\_  
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.

Participant’s Printed Name

Participant’s Signature

\_\_\_\_\_

\_\_\_\_\_



## **HOPEww Adventure Corps 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 Adventure Corps, please do so by sending a letter outlining your concerns to:

#### **Mandy Goins**

**Email:** [hyc@hopeww.org](mailto: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.

Participant Name (please print) \_\_\_\_\_

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

***If participant is under 18 years of age:***

Parent/Guardian Name (please print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_