



Global Village Program

# Participant Application

Date: \_\_\_\_\_ GV Event Code: \_\_\_\_\_

## GENERAL INFORMATION

Print your name as it appears on your passport.

\*First name \_\_\_\_\_ Middle name \_\_\_\_\_ \*Last name \_\_\_\_\_

Preferred name \_\_\_\_\_

\*Address type:  Work  Home

Company name \_\_\_\_\_

\*Mailing address \_\_\_\_\_

\*City \_\_\_\_\_ \*State/Province \_\_\_\_\_

\*Zip/Post code \_\_\_\_\_ \*Country \_\_\_\_\_

\*Phone number \_\_\_\_\_ Fax number \_\_\_\_\_

\*E-mail address \_\_\_\_\_ *(E-mail is the preferred method of communicating)*

Please send me Global Village e-mail updates (Sent monthly):  Yes  No

\*Gender:  Male  Female

\*Date of birth: (MM/DD/YY) \_\_\_\_\_

\*Citizenship \_\_\_\_\_ Religious affiliation \_\_\_\_\_

Occupation \_\_\_\_\_

If student, list school name \_\_\_\_\_

## PASSPORT INFORMATION *(Passport must be valid for six months beyond your travel dates)*

1. Jurisdiction \_\_\_\_\_ Number \_\_\_\_\_ Expiration date \_\_\_\_\_

## MISCELLANEOUS INFORMATION

2. \*T-shirt size:  M  L  XL  XXL

3. Traveling with a companion or group? (Each companion should complete a separate application.)  Yes  No

Group name \_\_\_\_\_

Companion name \_\_\_\_\_ Companion relationship \_\_\_\_\_

## OUTREACH INFORMATION

4. How did you hear about the Global Village program?

Web site  Church  Local affiliate  School  Friend  Habitat newsletter

5. Why are you interested in participating? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\* You must complete this item.

6. Previous HFH affiliate work?  Yes  No

If so, which one(s)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

 **TRAVEL INFORMATION**

7. List previous international travel experience. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Pre-selected to a team?  Yes  No If "yes", enter GV code \_\_\_\_\_ Leader's name \_\_\_\_\_  
*(If pre-selected to a team, also enter the associated destination country and dates in the state or country fields below.)*

9. GV trip offerings change daily; view the current Schedule and Trip Descriptions online at [www.habitat.org/gv](http://www.habitat.org/gv) or call the Global Village Customer Service Coordinator at (229) 924-6935, Ext. 2549. **NOTE: You must enter at least one state OR one country in the fields below.**

List **states** (in order of preference) in which you are interested in working and your available travel dates:

- 1. \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_
- 2. \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_
- 3. \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

List **countries** (in order of preference) in which you are interested in working and your available travel dates:

- 1. \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_
- 2. \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_
- 3. \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

 **HOBBIES/INTERESTS**

10. Please list your hobbies and interests. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

 **SKILLS**

11. Please list any special skills you bring to a team, such as photography, writing, language skills, construction, etc. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Please list languages you speak.

fluently \_\_\_\_\_

con conversationally \_\_\_\_\_

beginner level \_\_\_\_\_



### MEDICAL

13. \*Physical fitness?  excellent  good  fair  poor

14. List any physical limitations, handicaps, allergies, etc. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

15. Current medications \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

16. Special dietary requirements \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



### EMERGENCY CONTACT

17. Name \_\_\_\_\_

Day phone \_\_\_\_\_ Night phone \_\_\_\_\_



### SUBMITTING THE APPLICATION

Now that you have the information needed to complete the application, you still have the option of applying online at [www.habitat.org/gv/apply](http://www.habitat.org/gv/apply) or submitting the application as described below. Either way, you still need to complete and submit the GV Emergency Contact Information and Release and Waiver of Liability forms, along with a copy of the photo page of your passport. Please complete these documents at this time and return all three, plus your application (unless you chose to apply online), to the Global Village program.

A. Fax the documents to HFHI at (267) 295-8714.

B. Mail the documents to: Habitat for Humanity International, Global Village program, PO Box 369, Americus, GA 31709-3498.

**When your application is processed you will receive your permanent eight-digit Habitat ID number. This number should be referenced in all future correspondence with the Global Village program.**

Questions may be directed to the Global Village program via e-mail at [gv@habitat.org](mailto:gv@habitat.org) or telephone at (229) 924-6935, Ext. 2549.



Global Village Program

# Emergency Contact Information

(Please attach a copy of the ID page of your passport to the back of this form.)

GV event code \_\_\_\_\_ Country \_\_\_\_\_ Your name \_\_\_\_\_

**! IN CASE OF EMERGENCY, PLEASE CONTACT**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Post code \_\_\_\_\_ Country \_\_\_\_\_

Day phone \_\_\_\_\_ Night phone \_\_\_\_\_

**The following information may be needed by any hospital or medical practitioner not having access to your medical history.**

Allergies to medicine, food, etc. \_\_\_\_\_

Medication being taken \_\_\_\_\_ Date of last tetanus shot \_\_\_\_\_

Physical impairments \_\_\_\_\_

Other \_\_\_\_\_

**+ PERSONAL PHYSICIAN**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Post code \_\_\_\_\_

Day phone \_\_\_\_\_ Night phone \_\_\_\_\_

**+ PERSONAL HEALTH INSURANCE COVERAGE**

Company \_\_\_\_\_ Policy number \_\_\_\_\_

Insurance agent \_\_\_\_\_ Agent's phone \_\_\_\_\_

\*Primary beneficiary \_\_\_\_\_ Relationship \_\_\_\_\_

\*Secondary beneficiary \_\_\_\_\_ Relationship \_\_\_\_\_

*\*Please note: We will give the travel insurance company your beneficiary information. Travel insurance will be purchased for you according to the number of days scheduled for the official event.*

**Return this form, the Release and Waiver of Liability and a copy of the ID page of your passport to HFHI via:** fax to (267) 295-8714

OR mail to: Habitat for Humanity International, Global Village program, PO Box 369, Americus, GA 31709-3498.

**Please also mail a copy of your emergency contact/waiver forms and a copy of the ID page of your passport to your team leader.**



# Global Village Release and Waiver of Liability

**PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT!**



**IMPORTANT: Each participant must have a signed "Release and Waiver of Liability" on file. Please complete this form now in order to be considered. Please print all information in blanks provided.**

This Release and Waiver of Liability (the "Release") executed on this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_, by \_\_\_\_\_ (the "Volunteer"), and in effect for one full calendar year from this date,\*\* in favor of HABITAT FOR HUMANITY INTERNATIONAL, INC., a nonprofit corporation organized and existing under the laws of the State of Georgia, USA, its affiliated organizations in other nations, its directors, officers, employees, and agents (collectively, "Habitat").

I, the Volunteer, desire to work as a volunteer for a Global Village Work Team and engage in the activities related to being a volunteer for a work team. I understand that the activities may include but are not limited to: traveling to and from other countries, traveling to and from other cities and towns, consuming food and living in accommodations available and provided in the foreign country(ies), working in the Habitat offices, constructing and rehabilitating residential buildings, and other construction-related activities.

I hereby freely and voluntarily, without duress, execute this Release under the following terms:

- 1. Waiver and Release.** I, the Volunteer, release and forever discharge and hold harmless Habitat and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from my work with Habitat.

I understand and acknowledge that this Release discharges Habitat from any liability or claim that I, the Volunteer, may have against Habitat with respect to any bodily injury, personal injury, illness, death, or property damage that may result from my participation with a Global Village Work Team, whether caused by the negligence of Habitat or its directors, officers, employees, or agents or otherwise. I also understand that, except as delineated in the travel insurance form provided as a special insert in the Global Village Orientation Handbook, Habitat does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance, in the event of injury, illness, death or property damage (see insurance requirements below).

- 2. Insurance.** I, the Volunteer, understand that, except as otherwise agreed to by Habitat in writing, Habitat does not carry or maintain health, medical, or disability insurance coverage for any volunteer.
- 3. Medical Treatment.** I hereby release and forever discharge Habitat from any claim whatsoever which arises or may hereafter arise on account of any first-aid, medical treatment, or other services rendered in connection with my work with Habitat.
- 4. Mold Exposure.** I, the Volunteer understand that I may be exposed to mold through work with Habitat. Mold exposure for extended periods of time can cause illness or other bodily injury. I assume the risk and understand that I should protect myself by wearing appropriate equipment. I hereby release and forever discharge Habitat from any claim whatsoever which arises or may hereafter arise on account of exposure to mold.

Do you have asthma, a respiratory infection, or other respiratory condition or allergy to mold?  Yes  No

**If you answered "Yes"** to the above question, please notify a Habitat official immediately and do not participate in the work with Habitat if there is any mold issue.

- 5. Assumption of the Risk.** I recognize and understand that my time with Habitat will include activities that are inherently hazardous, including, but not limited to, construction activities, loading and unloading of heavy equipment and materials, and local travel to and from the work sites. I also understand that there is some inherent risk in consuming local foods and living in local accommodations available in the country(ies) visited. I further understand that I may be traveling to and from locations where there is a risk of terrorism, war, insurrection, criminal activity, inclement weather, or other circumstance that could threaten my safety or health.

I also understand that, in order to protect its employees and volunteers in all countries around the world, it is Habitat's policy that it will not pay ransom or make any other payments in order to secure the release of hostages.

I hereby expressly and specifically assume the risk of injury or harm in these activities and release Habitat from all liability for injury, illness, death, or property damage resulting from the activities of my time with Habitat.

- 6. Photographic Release.** I grant and convey unto Habitat all right, title, and interest in any and all photographic images and video or audio recordings made by Habitat during my work for Habitat, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.
- 7. Other.** I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Georgia in the United States of America, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Georgia. I agree that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

To express my understanding of this release, I sign here with a witness.

**Volunteer:** Name: (please print) \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ Date \_\_\_\_\_

**Witness:** Name: (please print) \_\_\_\_\_ Signature \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ Date \_\_\_\_\_

\*\*Waiver in effect for one year. New waiver will be requested after expiration if necessary.



Global Village Program

## Participant Acknowledgement

### Policy on Domestic and International Trips—Special Terms and Conditions



**IMPORTANT:** *Please be sure that you read and understand the terms and conditions set forth below before signing this acknowledgement form.*

Especially in this post September 11th world, we must be sensitive to issues relating to security and safety that may affect travel, especially international travel. We will take many precautions to ensure the security and safety of all Habitat trip participants. Security or safety may be compromised due to political instability, acts of violence or terrorism, extreme inclement weather, risks to health, and other circumstances. Accordingly, Habitat for Humanity reserves the right to cancel your trip at any point up to your date of departure. If circumstances arise during your trip that compromise safety or security, your trip may be cut short.

In addition, Habitat for Humanity expects all participants to respect their fellow participants and the residents of the communities in which they are staying. Habitat for Humanity reserves the right to ask any participant to leave the group if the participant engages in acts of serious misconduct, including violations of Habitat for Humanity policies, violations of the law (of the host country or sending country if you are traveling internationally), and acts that are determined by Habitat for Humanity or your team leader to constitute serious misconduct.

If your trip is canceled or cut short, Habitat for Humanity shall not be responsible for reimbursing you for your nonrefundable expenses. If you are asked to leave the group due to an act of serious misconduct, you shall do so at your own expense. We highly recommend that you invest in trip cancellation insurance if your trip will require extensive travel arrangements.

Prior to departure, all participants must read the Global Village Orientation Handbook, and should pay particular attention to Chapter Four, "Community Life" which describes conduct that would be considered inappropriate during a volunteer trip.

I, \_\_\_\_\_, acknowledge that I have read, understand, and agree to the terms and conditions set forth above.

\_\_\_\_\_  
(signed)

\_\_\_\_\_  
(date)

