

# Project DaSheng

Summer program Application

[www.hopechain.org](http://www.hopechain.org)



## Summer Program DaSheng

\* This application is for those who would like to participate in the summer program DaSheng with Hopechain International. Keep in mind that volunteer trips abroad can be rewarding and life changing; however, they can also be stressful. Please consider factors in your personal life at this time that may distract and prohibit you from fully committing to the mission of the trip and adapting to unusual conditions



- ❑ Please review and complete this Application in its entirety before submitting.
- ❑ Please read and sign the following: Financial Memo of Understanding, Volunteer Pledge, and Liability Release Form and return with your application.
- ❑ Include a copy of your passport and visa for International trips.

\*Please note: Once your application has been reviewed, Hopechain International will contact you regarding your participation on the trip. If you have any questions, please e-mail us at [ivan@hopechain.org](mailto:ivan@hopechain.org)

**Financial Memo of Understanding:**

1. I understand that I am responsible for raising 100% of the funds required for the trip.
2. I am responsible for my passport, souvenirs, immunizations, and food/drink while traveling to and from the trip destination.
3. I am responsible for obtaining my own visa.
4. If, for some reason, I do not ultimately participate on the Hopechain Program to which I have been accepted, I am responsible for any fees incurred as a result of my cancellation.
5. If, for some reason, I do not participate on the program to which I have been accepted, I understand that the monies donated to my trip cannot be refunded to me or to the donors due to the non-profit status of The Hopechain International. All materials, including airline and other travel tickets, that have been purchased with donated funds cannot be transferred outside of the trip.
6. In order to comply with the IRS, all checks for support of my trip must be made out to The Hopechain International.
7. If inappropriate behavior and/or the breaking of any team covenant or policies causes me to be sent home early from my volunteer trip as a disciplinary action, none of the money raised (or program fees) will be refunded to me or any donors.
8. If you are a minor and any inappropriate behavior and/or breaking of any team covenant policies occur, you will be sent home at your parent's and/or guardian's expense.

I have read the above and the project description online, and I agree to the policies, rules, and terms.

\_\_\_\_\_  
Participant's name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Legal Guardian - if under 18 (please print)

\_\_\_\_\_  
Signature

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

**Personal Information**

Name: \_\_\_\_\_ Male Female

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Numbers - Home: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Passport Number: \_\_\_\_\_ Issued Date: \_\_\_\_\_

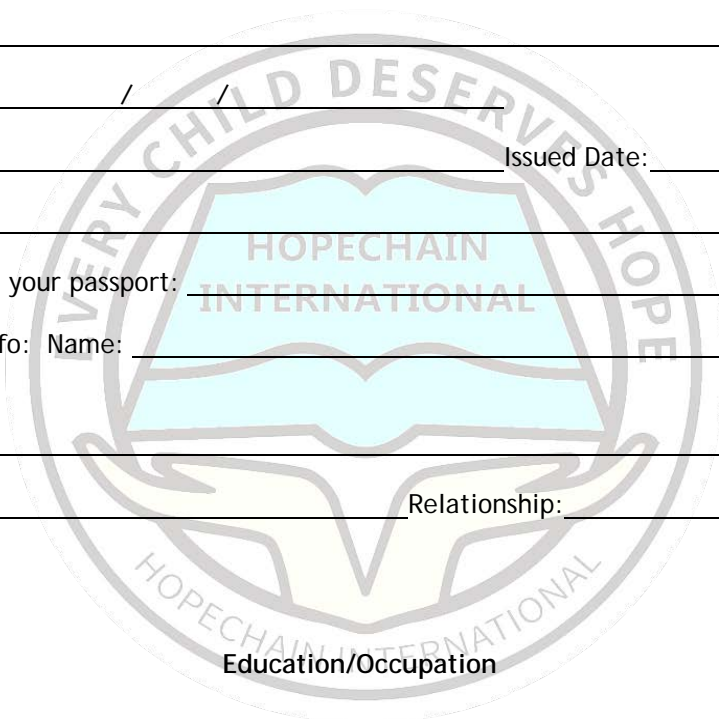
Expiration Date: \_\_\_\_\_

Name as it appears on your passport: \_\_\_\_\_

Emergency Contact Info: Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Relationship: \_\_\_\_\_



**Education/Occupation**

Current Occupation: \_\_\_\_\_

Special Skills and Interests: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever volunteered (abroad) before? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, please tell us about your (trip) experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The goals you wish to achieve through this project (check 5 that apply the most):

- Gain new skills/ knowledge
- Meet people
- Contribute to the community
- Enhance employment potential
- Discover new interests
- Achieve personal growth
- Help others
- Gain work experience
- Explore new fields of work
- Travel and cultural exchange

Training Courses you have done (if any): \_\_\_\_\_

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Educational Qualifications (E.g.; TESOL certification): \_\_\_\_\_

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**Medical History**

a. Any special health needs that need to be taken into account (Allergies; food, drugs, other): \_\_\_\_\_

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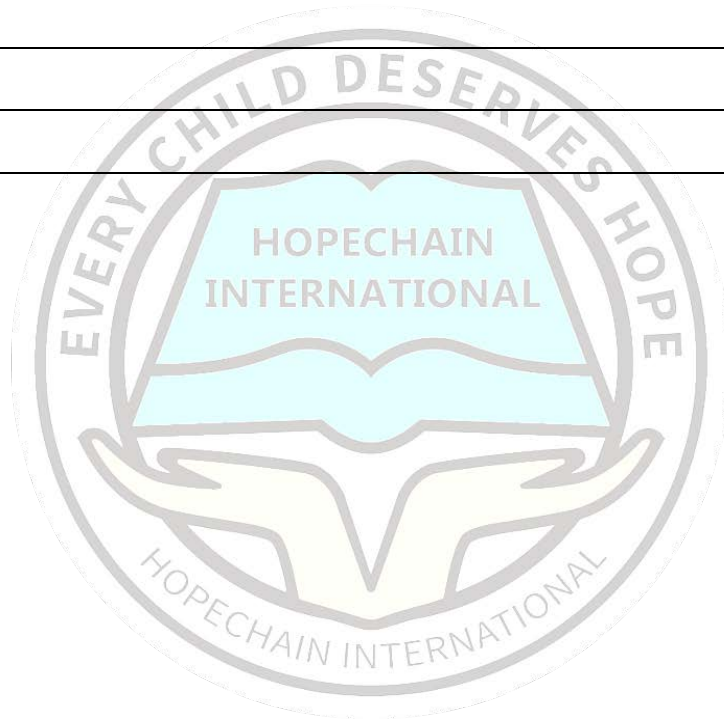
b. Have you had or been exposed to any contagious disease in the past six months? (If so, please explain): \_\_\_\_\_

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## Volunteer Pledge

I understand that all who participate in Hopechain International events are expected to observe and adhere to the following standard of conduct during the entire duration of the event, including the travel time of a mission trip. As a participant in an upcoming Hopechain International Project, I agree to:

1. Respect my team leader(s) and his or her decisions. A spirit of unity, care and concern for my teammates, and gentleness will guide my thoughts and actions throughout this event.
2. Adhere to any dress code established for the event at all times. I understand that dress codes vary widely depending on the local culture and what is considered appropriate attire.
3. Remember that we have come to learn. I'll resist the temptation to inform our hosts about "how we do things." I'll be open to learning about other people's methods and ideas.
4. Not leave the team or the vicinity of our work unless directed or allowed to do so by team leaders.
5. Refrain from complaining. I know that travel can present some unexpected and undesired circumstances, but the rewards of conquering such circumstances are innumerable. I will do my best to be creative and supportive.
6. Attend all team meetings before the trip as well as any follow-up meetings.
7. Remember not to be exclusive in my relationships. If my boyfriend/girlfriend or spouse is on the team, we will make every effort to interact with all the members of the team.
8. I agree to abide by any additional guidelines which may be deemed necessary by the team leaders during the event.

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Participant's name (please print)

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Signature

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Legal Guardian - if under 18 (please print)

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Signature

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

## The Hopechain International - Liability Release Form

In consideration for being accepted by The Hopechain International for participation in their project events, I do hereby release, forever discharge and agree to hold harmless Hopechain International and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in the above described trip or activity. Furthermore, I hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. Further, authorization and permission is hereby given to said organization to furnish any necessary transportation, food and lodging for this participant. The undersigned further hereby agree to hold harmless and indemnify said organization, its directors, employees and agents, for any liability sustained by said organization as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

(If the participant has not attained the age of 18 years):

We (I) are the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him/her to participate fully in said trip, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

\_\_\_\_\_  
Participant's name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Legal Guardian - if under 18 (please print)

\_\_\_\_\_  
Signature

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

### Photo and Video Permission:

My permission is granted for the Hopechain International to videotape or photograph me/ my child/ or young person during the DaSheng project or normal activities. I understand these photos may be used as promotional materials for the project and/ or website.

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

Signature (parent/ legal guardian's signature if under 18)