

# Shelter Canada - El Salvador Volunteer Application Form

**Please forward this application to your team leader once it is completed. A non-refundable deposit of \$250 of your trips costs payable to Shelter Canada must accompany this application.**

## PERSONAL INFORMATION

Name (as it appears on passport)

\_\_\_\_\_

*First*

*Middle*

*Last*

Address \_\_\_\_\_

Email \_\_\_\_\_

Telephone \_\_\_\_\_

Date of Birth \_\_\_\_\_

Passport Number \_\_\_\_\_

Passport Expiry Date \_\_\_\_\_

Do you have any pre-existing medical conditions that Shelter Canada needs to be aware of prior to you attending this short term mission trip? By providing this information you understand that any representatives of Shelter Canada may review the information.

\_\_\_\_\_

Person's Name and Contact Number(s) in case of emergency while on this trip

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Team Leader Signature

\_\_\_\_\_  
Date

Waiver of Liability

I, (print name) \_\_\_\_\_, having made myself knowledgeable of the nature of the project activities and risks of the area in which the project will take place, hereby release Shelter Canada, their agents, employees, volunteer assistance, hosts, and sponsors from any liability whatsoever arising out of injury, damage, or loss which I might sustain arising out of my involvement with this Shelter Canada volunteer team project. I further release Shelter Canada and affiliated parties noted above from any liability regarding loss, accident, injury, disease, or death sustained or contracted by me while travelling to, from or on the designated volunteer trip. I further agree to hold harmless Shelter Canada and affiliated parties noted above from any expenses incurred as a result of any loss, accident, injury, or disease sustained or contracted by me while on the volunteer trip. I also give consent for any medical treatment I may require during the volunteer trip with Shelter Canada and I will be responsible for costs of the treatment involved. I also accept all risk of being a victim of kidnapping or held hostage while in a foreign country. I hereby waive any obligation on the part of Shelter Canada and affiliated parties noted above to make any concessions or ransom payments in the event I am a victim of kidnaping or held hostage.

I acknowledge that I have adequate supplemental insurance to cover illness, injury and death while travelling. I assume all responsibility for any additional expenses incurred during the volunteer trip and I hereby indemnify and agree to reimburse Shelter Canada for any expenses incurred on my behalf. In case of an emergency I hereby authorize my Team Leader to act on my behalf including giving consent for any medical treatment the attending physician may deem necessary.

Signed \_\_\_\_\_

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

Witness \_\_\_\_\_

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

Note: Witness must be off legal age and can be a Family Member