

HOM LT VOLUNTEER CONTRACT AND ACKNOWLEDGEMENT OF RISK



I request permission to serve with Haiti Outreach Ministries (HOM) as a long-term volunteer staff member serving under the guidance and direction of HOM pastors and leaders; I acknowledge and accept the following conditions and requirements (initial each one):

1. ___ I understand that there are risks and dangers associated with travel and living in Haiti; including possibly adverse health effects and/or injury and risk of being a victim of criminal and/or political violence. I release and hold harmless HOM and all officers, agents and staff of the organization for any and all claims and costs due to any liability, injury or damage which might occur as a result of my experience, associated travel and living arrangement.
2. ___ I understand that it is my responsibility to obtain a medical release from my physician to participate in this mission activity and to purchase appropriate medical insurance, which includes coverage for emergency evacuation. I agree to follow recommendations for preventative care including taking antimalarial medications and getting the appropriate vaccinations. I understand that I may undergo types of exertion and conditions that I am not used to and will notify HOM if there are concerns regarding my health and fitness. I agree to abide by HOM's decision not to participate in the mission due to health concerns.
3. ___ I understand that I must submit to a background check. I agree to provide appropriate references and to complete the required essays and leadership tools in a timely fashion. I agree to meet with a HOM representative at a time and place of their choosing and understand that I am responsible for any expenses incurred in association with the application process.
4. ___ I agree to work within my scope of practice/expertise and to act in a responsible way while in Haiti. I agree to follow the guidelines of HOM and the directions of the Haiti leaders and HOM staff members. I understand that after a probation period of no less than 1 month a decision may be made by either HOM or me to terminate our partnership.
5. ___ I understand that HOM is not financially responsible for any of my expenses associated with this mission service. I agree to pay \$1,200.00 for room and board, half of which to be refunded at the end of the probation period. The remaining funds to be held until the end of the term of service and may be used to cover any cost incurred by me, including airfare to return home, if HOM determines that my behavior or actions jeopardize the ministry.
6. ___ I agree to notify the Haitian leaders and HOM staff if I learn of anything that would alter the risks to others or me at any time. I agree that I will not travel or loiter outside of the church complexes or work sites unaccompanied and only then with the knowledge and permission of Haitian leaders or HOM staff.
7. ___ I acknowledge that HOM is an evangelical Christian organization and strives to reflect God's grace in the world. I understand that the inherent dignity of the Haitian people must be respected. I agree to be culturally sensitive and act in a manner that reflects the norms expected by the Christian community regardless of personal beliefs. I understand that I am to attend one of the HOM churches twice a month and be prepared to participate or lead in daily devotions with volunteers and teams.
 - a. ___ I agree to allow the HOM leadership to release personal information about me to the U.S. State Department or other agencies if they believe that it would be in my best interest.
 - b. ___ I affirm that I am over 21 years old and competent to enter into this agreement. I understand the potential for risk and agree to abide by HOM's guidelines and Haitian leaders' direction.

Signed _____ Date _____

HOM BACKGROUND INVESTIGATION CONSENT FORM



I, _____ authorize HOM and Palms Presbyterian Church and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information, relevant to my qualifications for employment now, and during the tenure of my service with HOM.

I release HOM and Palms Presbyterian Church and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims, or law suits in regards to information obtained from any and all of the above reference sources used. The following is my true and complete legal name and all information is true and correct to the best of my knowledge.

Full Name (printed): _____

Maiden Name or other names used: _____

Date of Birth: _____ Social Security Number: _____

Drivers' License Number: _____ State Issued: _____

Home Telephone: _____ Mobile: _____

Current Address: _____

_____ How long at this address? _____
City/State/Zip

Former Address: _____

_____ How long at this address? _____
City/State/Zip

Signed: _____ Date: _____