



Name:

Last

First

Middle

Address:

City:

State:

Zip:

Home Phone: _____

Work: _____

Cell: _____

Email: _____

DOB: _____ Age: _____ Citizenship: _____ T-Shirt Size: _____

Social Security #: _____ D.L. # (include state): _____

Occupation: _____ Employer: _____

Emergency Contact Name: _____ Relationship: _____

Daytime Phone: _____ Night phone: _____

Please select the area of service/interest you are volunteering for:

Education _____ Medical _____ Sports _____ Coaching _____ Leadership Training _____

General Worker _____ Other: _____

Are you a Nurse _____ Doctor _____? Are you fluent in a foreign language? _____

Are you a Teacher _____ Coach _____? If yes, which language? _____

Which project are you applying for:

Why are you interested in participating in this trip? Describe the level of your experience for the above volunteer service.

I have a current passport? _____ If No, please make sure you apply or renew immediately.

(Yes or No)

Passport Number: _____ Date Issued: _____

Please provide a copy of your passport.

Medical/Chiropractic/Osteopathy/Dentist/Nursing License/other? _____

Please provide a copy of your degree and license

I have consulted my personal physician and have followed his/her advice concerning necessary immunizations? Yes _____ No _____. Please make sure you do this in plenty of time to follow all recommendations. (*Note-In Kenya there are no requirements for vaccinations to enter and serve – all vaccinations are voluntary and taken at your discretion)

I have the following allergies, medical conditions, and take the following medications:

Do you have any special needs (i.e., vegetarian, car sickness, etc.) that require attention during traveling? We cannot guarantee that all your needs can be met, but we will advise you in advance of the trip.

Agreement:

I understand and agree that this trip is outreach and service. I will participate as part of a team effort and will be supportive of the whole team. I will participate in pre-trip planning as fully as possible. I agree to adhere to the guidelines, policies, codes of conduct, and requirements and will cooperate with the team leader(s) and the missionary host. I will dress and behave appropriately and obey the laws of the country where we are serving. I will adhere to the safety protocols and all advised safety precautions given to me before and during the trip. I understand that I am subject to dismissal for violation of any of the above, without refund or reimbursement. I also understand if I am dismissed that I am responsible for any cost incurred.

I release on my behalf and/or on behalf of my child/children the volunteers, paid staff and Dreamweaver International (501c3) from any liability and/or responsibility for any personal injury, death or damage to or loss of personal property. I authorize adults designated by Dreamweaver International to secure emergency medical treatment for me and/or my child/children.

In signing this application I agree to the above-mentioned terms.

Signature: _____ **Date:** _____

Witness: _____ **Date:** _____

Parent/Guardian (if minor): _____ **Date:** _____

**Please complete and return this application with copy of your passport and license if applicable.
Thank you.**

MEDICAL RELEASE

Adult Medical Release (must be completed by all participants age 18 and over.)
Dreamweaver International treats all information confidentially.

Name: _____

Project Destination and Dates: _____

Emergency Contact: _____ Relationship: _____

Phone #: () _____

Medical Insurance Information

Company: _____ Policy # _____

Project participants (other than U.S.) are strongly encouraged to have insurance coverage outside the U.S.

Medical Information:

Will you be bringing any personal prescriptions/medications (s)? _____ What kind (s), please list all prescriptions and what conditions they are taken for. _____

What is your blood type? _____

Date of last tetanus shot (this must be within last eight (8) years): _____

Have you had the Hepatitis B vaccine? _____ If so, when? _____

List any physical disabilities or limitations: _____

List any known allergies and/or reactions: _____

List any food allergies: _____

List any major illnesses in the past year: _____

Have you ever fainted or passed out? _____ When? _____ Why? _____

Do have any eating disorders or addictions? _____

If yes, have you ever received treatment or counseling? _____

Have you ever required counseling for a psychological condition or mental disorder? _____

Are you being treated now? _____

FOR COMPLETION BY PHYSICIAN (If you are under the care of a Physician for any physical or mental condition, he/she must complete the following):

I have examined _____ and find him/her to be in good general health and physically able to take part in the Dreamweaver International project to _____, traveling from _____ through _____.
(Beginning Trip Date) (Ending Trip Date)

Doctor's Signature _____ Date: _____

Medical Release Page 1

PO BOX 2491, Northbrook, IL 60065-2491

<http://www.dreamweaver911.org>

MEDICAL RELEASE

(continued)

Release (Participant must sign in the presence of a Notary Public):

In case of unconsciousness, or inability to release myself for medical treatment resulting from illness, injury, or an accident while on the project which requires medical attention, I, _____, give my permission to Dreamweaver International, its representative(s) and all attending health professional (defined as including, but not limited to registered nurses, licensed practicing nurses, physicians' assistants, doctors and paramedics) to receive medical treatment, to hospitalize, anesthetize, or perform surgery on me as is required. I, _____, the undersigned, do release, acquit, discharge and covenant to hold harmless Dreamweaver International and its representatives from all actions, damages or liabilities arising out of the treatment of any illness, death, injury, or accident incurred during my participation on this project. It is the intention of this release that the above named Dreamweaver International and its representatives incur no liability whatsoever while attempting to meet all medical needs that I may require during this project.

Participant Signature: _____ Date: _____

State of _____, County of _____.

Sworn to and subscribed to me this _____ day of _____, 20__.

Notary Public signature: _____

My commission expires: _____

Medical Release Page 2

Dreamweaver International Assumption of Risk Agreement For Voluntary Short-Term Service

I, _____, in consideration of the acceptance of application for volunteer service on behalf of Dreamweaver International. represent that I am at least 18 years of age, and I further represent and agree as follows:

1. I am aware of the hazards and risks to my person and property associated with overseas and United States of America missions activities for which I am applying and will apply for in the future, such hazards and risks including by not limited to death or injury by accident, disease, terrorist acts, weather conditions and inadequate medical services and supplies, criminal activity and random acts of violence. I accept my assignment with full awareness of these risks, and, subject to any insurance coverage that may be available to me from any source, and only with respect to this organization its agents, officers, directors, and employees, I, voluntarily assume all risks of death, injury and illness associated with such risks, and any damage to my personal property, and I release the said organization and its agents, officers, director, and employees from any liability whatever arising as result of death, injury, or illness that I may suffer as a result of participation in the missions project. I volunteer my services on behalf of Dreamweaver Intl. despite such hazards and risks, and I assume the risks of death, injury and damage associated with such risks.

2. I attest and verify that I am physically fit and have no medical conditions that would prevent me from performing the volunteer services for which I am applying.

3. I waive any and all claims for damages, which I may have against Dreamweaver Intl.

4. I expressly waive any defense to the enforcement of any provision of this commitment arising from a claim of lack of consideration and warrant that this commitment constitutes a legal, valid, and binding obligation upon me enforceable against me in accordance with its terms.

5. I am aware of the hazards and risks to my person associated with participation in a short-term service trip, as described above. I further understand that this organization may not have any insurance coverage that would apply in the event of my death, illness, injury, or damage to my property that may occur during my participation on the trip, and that if I desire insurance coverage I am responsible for the cost of such insurance.

6. I understand that all donations received by Dreamweaver Intl. go toward project expenses. To receive a tax deduction, the IRS stipulates that the donor must release control of the money donated to the non-profit organization. For this reason money cannot be refunded. If an individual is unable to participate in the project, the funds he/she has paid, less incurred expenses and administrative fees, will remain credited to his/her account for one year.

7. I expressly agree that this assumption of risk agreement is intended to be as broad and inclusive as permitted by law. I further state that **I HAVE CAREFULLY READ THE FOREGOING ASSUMPTION OF RISK AND UNDERSTAND ITS CONTENTS, AND I VOLUNTARILY SIGN THIS RELEASE AT MY OWN FREE WILL. THIS IS A LEGAL DOCUMENT AND I UNDERSTAND THAT I HAVE THE OPPORTUNITY TO CONSULT WITH AN ATTORNEY BEFORE SIGNING IT.**

Your signature Date

Your address

Witness (Legible Signature please) Date

Witness (Legible Signature please) Date

Dreamweaver International

CODE OF CONDUCT

Please read & place your initials by each statement below:

As a Dreamweaver Intl. team member I realize the important role I play as an example to those in the United States and abroad. I understand that I represent not only Dreamweaver International, but also the United States as a whole.

I understand the Dreamweaver Intl., official statement of abstinence from controlled substance use and /or abuse. In respect to Dreamweaver Intl., I will refrain from:

_____ The purchase and/or use of any other controlled substance
(Does not include the use of personal medications, as prescribed by a doctor, or the use of necessary over-the-counter medications such as Aspirin, Tylenol, Pepto-Bismol, etc.)

_____ The purchase and/or use of prostitution

I _____, have read and understood the above policy.

Signed: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Dreamweaver International

Consent Notice/ Release Regarding Audio/Video/Photo Recording of Events/Missions Trips

As a volunteer, team member and/or leader associated with Dreamweaver International, (501c3), I grant permission to Dreamweaver to use images or recordings captured of me during the trip without recompense or further notification.

Furthermore, when you enter or participate in a Dreamweaver International event, conference, service outreach or trip or any sponsored event, you will be entering an area where photography, video and audio recording may occur. By entering the event premises, or participating in any events you consent to interview(s), photography, audio recording, video recording and its/their release, publication, exhibition, or reproduction to be used for news, web casts, promotional purposes, telecasts, advertising, inclusion on web sites, or any other purpose by Dreamweaver Intl. and its affiliates and representatives. You release Dreamweaver International, its officers and employees, and each and all persons involved from any liability connected with the taking, recording, digitizing, or publication of interviews, photographs, computer images, video and/or sound recordings. By entering the event premises, or participating in the event or outreach/trip you waive all rights you may have to any claims for payment or royalties in connection with any exhibition, streaming, webcasting, televising, or other publication of these materials, regardless of the purpose or sponsoring of such exhibiting, broadcasting, webcasting, or other publication irrespective of whether a fee for admission or sponsorship is charged. You also waive any right to inspect or approve any photo, video or audio recording taken by Dreamweaver International or the person or entity designated to do so by Dreamweaver International.

Signing this agreement is mandatory towards further consideration for traveling or being part of a Dreamweaver team here in the USA or overseas. By signing the above agreement, the person agrees to the terms of the agreement.

Name: _____ Date: _____

Reviewed by: _____ Date: _____