



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

(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: \_\_\_\_\_