

# HELPING HANDS HEALTH EDUCATION

APPLICATION FORM

948 Pearl Street  
Boulder, CO 80302

Phone: 303/448-1811  
Fax: 303/440-7328

I am volunteering for Helping Hands as a: \_\_\_\_\_ (position) in Nepal \_\_\_\_\_ Nicaragua \_\_\_\_\_.  
from: \_\_\_\_\_ (month/year) to \_\_\_\_\_ (month/year)

## GENERAL INFORMATION

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
last first M.I.

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country : \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

e-mail address: \_\_\_\_\_@\_\_\_\_\_

## EMERGENCY CONTACTS (please provide two)

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

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

Telephone:  
(\_\_\_\_) \_\_\_\_\_

Telephone:  
(\_\_\_\_) \_\_\_\_\_

## PERSONAL INFORMATION

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

Sex: Female Male

Marital Status: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Do you have a valid passport? Yes No

Passport #: \_\_\_\_\_

Country of Issue: \_\_\_\_\_

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

Have you ever been convicted of a serious offense for which you have not been pardoned? Yes No

If yes, please explain: \_\_\_\_\_

Have you ever had a professional license revoked, suspended, or restricted?

If yes, please explain: \_\_\_\_\_

## WORK REFERENCES

1. Name: \_\_\_\_\_ Occupation/Position: \_\_\_\_\_  
last first M.I.

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country : \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

e-mail address: \_\_\_\_\_ @ \_\_\_\_\_

2. Name: \_\_\_\_\_ Occupation/ Position: \_\_\_\_\_  
last first M.I.

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country : \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

e-mail address: \_\_\_\_\_ @ \_\_\_\_\_

## PERSONAL REFERENCES

(PLEASE PROVIDE 2 PERSONAL REFERENCES; NO CO-WORKERS PLEASE)

1. Name: \_\_\_\_\_ Occupation/Position: \_\_\_\_\_  
last first M.I.

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country : \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

e-mail address: \_\_\_\_\_ @ \_\_\_\_\_

2. Name: \_\_\_\_\_ Occupation/ Position: \_\_\_\_\_  
last first M.I.

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country : \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

e-mail address: \_\_\_\_\_ @ \_\_\_\_\_



Along with your completed application, please provide **HELPING HANDS** with the following items:

**1. RESUME CONTAINING THE FOLLOWING INFORMATION:**

- Education:
  - post-secondary, starting with most recent schooling
  - degree(s) and areas of specialization
  - dates, name and location of University or Institution
  - any relevant courses or certificates
  - list of jurisdictions where currently licensed
  
- Work Experience:
  - list last five years, starting with most recent
  - list major responsibilities
  - list supervisory or training roles
  - list any related work or volunteer experience
  
- Secondary Skills
  - list any other skills you possess that you feel would be relevant to your work in Nepal/Nicaragua/Bhutan

**2. RELEASE OF LIABILITY**

Please sign the attached “Helping Hands Application Release of Liability” (page 5 of this application)

**3. REFUND POLICY**

Cancellation/Refund Policy:

| <b><u>Date of Cancellation</u></b> | <b><u>Refund</u></b>   |
|------------------------------------|--|
| 60 days prior to departure         | 100% of total payment, minus deposit and airline cancellation fees |
| 45 days prior to departure,        | 75% of the total payments is refundable, minus the deposit.        |
| 30 days prior to departure         | 50% of total payment, minus deposit and airline cancellation fees  |
| Fifteen days prior to departure    | no refund, except for whatever refund we get from the airline      |
| if Helping Hands cancels program   | 100% of total payment minus deposit and airline cancellation fees. |

*All cancellations must be submitted in writing. No refunds for cancellations within 5 days of departure.*

**Additional Policies:** **HELPING HANDS** reserves the right to refuse admission to or to expel anyone who is a danger to the environment, himself/herself, or others; who exhibits gross misconduct; or who is unable to safely or satisfactorily complete the service project.

**I understand that there is a \$500 deposit/administrative fee to be a Helping Hands volunteer. I also understand that this deposit is non-refundable in the case of cancellation. I agree to all of the refund terms stated above.**

\_\_\_\_\_  
**Helping Hands Volunteer Signature**

\_\_\_\_\_  
**Date**

**HELPING HANDS APPLICATION**  
**RELEASE OF LIABILITY**

**THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS, READ IT CAREFULLY !**

I, \_\_\_\_\_ am aware that traveling, trekking, and mountaineering outside the United States and in the mountainous terrain of Nepal and Bhutan and in the jungles of Nicaragua are hazardous activities and I am voluntarily participating in these activities with knowledge of the danger involved. I hereby agree and accept any and all risks of injury or death.

Please initial : \_\_\_\_\_

I agree that I will not sue, or otherwise make any claim against Helping Hands Health Education, or any of its employees, agents, contractors or volunteers for any injury, loss or damage suffered as a result of my participation in **HELPING HANDS HEALTH EDUCATION**, regardless of whether such injury, loss or damage was caused, in whole or in part, directly or indirectly, by the action, negligence or otherwise by an employee, agent, contractor or volunteer of **HELPING HANDS HEALTH EDUCATION**.

I also hereby agree to release and discharge **HELPING HANDS HEALTH EDUCATION**, its employees, agents, contractors or volunteers from all action, claims or demands for myself, my family, my heirs or personal representatives for death, injury or damage resulting from my participation with **HELPING HANDS HEALTH EDUCATION**.

**I AM OVER 18 YEARS OF AGE AND HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND HELPING HANDS HEALTH EDUCATION AND/OR ITS EMPLOYEES, AGENTS AND VOLUNTEERS; AND I SIGN IT OUT OF MY OWN FREE WILL.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date