



ASOSAP@ASOSAP.org

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Application for Volunteers/Mission Team Members

Church/Team Name:

Dates:

Team Leader Name:

Leader Email:

Personal Information

Passport Name

Date of Birth

Passport Expiration Date

Age

Gender

Passport No.

Occupation

Street Address

Home Phone

City

Cell Phone

State/Province, Zip Code

Email

Emergency Contact Information

Name

Relationship

Phone

Alternate phone

Church Name

Pastor Name (optional)

Health/Fitness Information

This section is for validation only- each individual is responsible for their own health. However, the staff of Hope of The Pokomchi reserves the right to express concerns about the individual's suitability for the mission trip and the right to disqualify an individual from the team if they deem his/her health or fitness status will place the individual and/or the team in jeopardy)

Insurance

Yes No

Insurance Co.

Group/Policy No.

Phone No. (out of country contact)

Does your insurance cover out of country?

Does it cover medical evacuations?

Yes

No

By air?

Yes

No

By road?

Yes

No

Out of country insurance restrictions, if any

Immunizations

Are your immunizations complete? (Tetanus, Hepatitis A, others) Yes No

If not, when will they be complete?

COVID 19 Vaccination (must be fully vaccinated at least 2 weeks prior to arrival in Guatemala)

Manufacturer name:

Date of first dose:

Date of second dose:

Date of booster dose (if applicable)

Allergies

Do you have any allergies? Yes No

Please list allergies

Please list medications for allergies

Medical Condition

- 1. Heart Disease Yes No
- 2. Hypertension Yes No
- 3. Diabetes Yes No Insulin Dependent Yes No
- 4. Hypoglycemia Yes No
- 5. Asthma Yes No

During 15 minutes of exercise, how many times do you use your inhaler?

Pregnant Yes No How many months?

Please list any other significant medical conditions

Please list any medications used to control these conditions

Dietary Restrictions

Do you have any dietary restrictions? Yes No

Please list

Physical Fitness

When you climb a long flight of stairs...

How many times do you have to stop to catch your breath?

How many minutes do you have to rest before continuing?

When you climb a steep hill for 15 minutes...

How many times do you have to stop to catch your breath?

How many minutes do you have to rest before continuing?

Skills and Experience

	Yes	No	Comments
Computer			
Spanish			
Hiking			
Camping			

Goals (State briefly your reasons for going and what you expect to contribute and gain on this mission trip)

Willing and Able

Are you willing to live and work under conditions that may be uncomfortable and require flexibility and understanding?	Yes	No
Are you prepared to travel distances, which would cause a lapse in contact with family/business for 2-4 days?	Yes	No
Are you willing to raise all the necessary funds for your travel and living expenses for this mission trip?	Yes	No
Are you physically able to hike for several hours and carry loads? (Pambon Grande Teams Only)	Yes	No
Have you participated in previous mission/humanitarian trip(s) ? If yes, please list the country(s) and length of stay.	Yes	No

Reference (Please provide one personal reference who would attest to the information requested above)

Name	Phone
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If Medical or Dental Personnel

Do you have a current Professional License?	Yes	No
If yes, what type?		
If yes, do you want to work in your field of experience?	Yes	No

Signature

Signature:

Date:

Please attach a copy of the face page of your passport and COVID 19 vaccination card

Hope of the Pokomchí

CODE OF CONDUCT CONTRACT FOR VOLUNTEERS

Because Hope of the Pokomchí is a Christian organization, we require each volunteer to execute the following contract before participating in any Hope of the Pokomchí sponsored project. The minor's parent or legal guardian must also sign the contract, indicating they will be responsible for the minor's conduct.

I agree to conduct myself in a manner consistent with Hope of the Pokomchí and the local missionaries' standard of conduct and attire the entire time that I am in Guatemala and will be sensitive to local customs and cultures as they are made known to me.

I will not wear inappropriate clothing such as tank tops, tight pants, or shorts while in the mountains

If participating in a Bible Seminar, I will dress in dressy casuals for all formal sessions

I will reserve vacation clothing until my stay in Antigua, and I will keep in mind that while I am in Guatemala, I represent Hope of the Pokomchí at all times

Furthermore, I contract to abstain from drinking alcoholic beverages and smoking at any time during this trip, except (if I am over 21) during the time in Antigua and during travel to and from Guatemala

Signed

Date

Volunteer

Signed

Date

Parent or legal guardian, as applicable

Hope of the Pokomchí

Participation Agreement for Missions

In consideration for participating on the following short term mission trip:

Name of team and church or organization:

Dates of Trip: ____/____/____ through ____/____/____

I, _____ agree to release, discharge, and hold harmless (*church or sponsoring organization named above*) and Hope of the Pokomchí, their employees, agents, and members from any and all claims or demands due to personal injury, illness, or death as well as any and all property damage sustained of any nature which will be incurred by me, whether in foreign or domestic territory, while participating in the above-mentioned project. I also agree to be directed by and responsible to the designated church or organization leadership (Team Leader) for the project. Further, I agree to hold harmless and to indemnify (*church or sponsoring organization named above*) and Hope of the Pokomchí as well as its employees, agents and/or members for any liability, or expenses sustained by the church or organization as a result of my participation.

Participant's Signature

Date:

Guardian Signature for Minor

Date:

Medical Release Information

I, _____ hereby authorize (church or sponsoring organization named above) and /or Hope of the Pokomchí or its representative to initiate any medical attention necessary on my behalf, including related and appropriate air or ground transportation in the event of my incapability to present myself for such care. I also agree to be financially responsible to any care provider and for the requisite transportation and authorize the release of any medical and/or insurance related information pertinent to the circumstances.

Participant's Signature _____

Date _____

Guardian Signature for Minor _____

Date _____