



REGISTRATION FORMS 2024

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EXPLANATION OF FORMS

Explanation of Forms

THERE ARE A TOTAL OF SEVEN FORMS THAT MUST BE FILLED OUT BY EACH TEAM MEMBER, PROPERLY AND AS SOON AS POSSIBLE.

1. *Team Member Application* Form
2. *Skills & Experience* Form
3. *Flight and Insurance Information* Form
4. *Code of Conduct* Form: **MUST BE SIGNED**
5. A signed *Release and Waiver of Liability** Form: **MUST BE SIGNED AND NOTARIZED**
6. *Medical History* Form

INSTRUCTIONS

1. Please send an e-mail a copy of your application to:

president@guatssp.org

2. Please mail signed and notarized copies to Guatemala Service Projects, PO Box 441, Oconomowoc, WI 53066.

NOTE: You can also mail the entire application if you don't want to email the documents not requiring notarization.

IMPORTANT INFORMATION REGARDING YOUR PASSPORT

Please check your passport expiration date. Your passport **must be valid for at least 6 months** after your expected return date. **PLEASE MAKE 2 PHOTOCOPIES OF YOUR PASSPORT. SCAN AND EMAIL A COPY TO president@guatssp.org** (or mail with the application).

TEAM MEMBER APPLICATION

Team Member Application

Each person should complete a separate form, **providing all information that is relevant to you**. If you are under 18 you will need to have your legal guardian fill out a consent form. Please complete and return these forms promptly. This information will not be shared with any other organization, and is used solely for the purpose of travel with Guatemala Service Projects.

NAME: _____

<ul style="list-style-type: none">• Please fill in the information requested.• Attach a scanned copy of your PASSPORT INFORMATION PAGE.
Trip Date:
Are you a citizen of the United States?
Do you have a current passport? (Yes / No)
Passport Number: _____ Expiration Date: _____
Passport Name (exactly as printed in your passport) LAST: _____ FIRST: _____ MIDDLE: _____
ADDRESS:
CITY: _____ STATE.: _____ ZIP/Postal Code: _____
HOME PHONE _____ WORK PHONE: _____
CELL PHONE: _____ FAX PHONE: _____
EMAIL: DATE OF BIRTH:
Do you have travel insurance/medical insurance?

SKILLS AND EXPERIENCE

Skills and Experience

Name:

Skills & Experience

Have you been on a mission/service trip before? (Yes / No)

When and Where?

Type of team?

Which Organization?

Do you speak any other languages? (Yes / No) (specify) Are you fluent? (Yes / No)

Please give us a brief description of yourself, your skill(s) and your interest in volunteerism and community service with Guatemala Service Projects.

FLIGHT AND INSURANCE FORM (REQUIRED ONLY IF WE DO NOT BOOK YOUR FLIGHT)

Flight and Insurance Form (required only if we do not book your flight)

TRAVELER'S NAME: _____

DEPARTURE FLIGHT	
Date	
Airline	
Flight Number	
From	
Departure Time	
Departure Terminal/Gate	
To	Guatemala City – La Aurora Airport
Arrival Time	
Confirmation Number	

RETURN FLIGHT	
Date	
Airline	
Flight Number	
From	Guatemala City – La Aurora Airport
Departure Time	
Departure Terminal/Gate	
To	
Arrival Time	
Confirmation Number	

TRAVELER'S INSURANCE INFORMATION	
Name of Insured	
Insurance Company	
Telephone Number of Insurance Company	
Date of purchase of Insurance	
Type of Insurance	
Effective Date	
Expiration Date	
Policy Number	

GUATEMALA SERVICE PROJECTS CODE OF CONDUCT

Guatemala Service Projects Code of Conduct

Name:

As a humanitarian organization our ethics are very important. The use of illegal drugs and excessive alcohol is strictly prohibited throughout the trip. If you are a minor, consumption of alcohol is strictly prohibited. No form of abuse and/or sexual harassment of any kind will be tolerated. Appropriate action will be taken in every situation.

*Guatemala Service Projects reserves the right to send any team member home at **his/her own expense**, if there is an infraction of the rules or if deemed necessary by the staff in order to protect the safety, reputations and humanitarian work within the country. You will be responsible for any costs incurred by your actions. Thank you for your courtesy and cooperation with Guatemala Service Projects' rules and the local customs of the country.*

I/we agree to support this code of conduct while volunteering with Guatemala Service Projects.

_____ (date)

APPLICANT'S NAME

SIGNATURE

PARENT'S NAME (If team member under 18)

SIGNATURE

RELEASE & WAIVER OF LIABILITY

Release & Waiver of Liability

(Must be signed by traveler) & NOTARIZED

This release and waiver of Liability Executed on this ____ day of _____, 20____, by _____, in favor of GUATEMALA SERVICE PROJECTS and its affiliates, (volunteer) including but not limited to:

Jennifer Demar, Richard Trent Faith, Jennifer Scratch (founders and directors of Guatemala Service Projects) and their associates.

Waiver of Release: I do hereby release and forever discharge and hold harmless Guatemala Service Projects and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from my work with Guatemala Service Projects.

I understand and acknowledge that this Release discharges Guatemala Service Projects from any liability or claim that I may have against it with respect to any bodily injury, personal injury, illness, death or property damage that may result from my work with Guatemala Service Projects, whether caused by the negligence of Guatemala Service Projects or its officers, directors, volunteers, agents or otherwise.

I also understand that Guatemala Service Projects does not assume any responsibility for or obligation to provide financial or other assistance, including but not limited to medical, health, or disability insurance, in the event of injury or illness.

Assumption of risks: I have chosen to work as a Guatemala Service Projects volunteer and engage in the activities related to being a volunteer. I understand that the activities may include physical labor, heavy lifting, and other strenuous activity; and that some activities may take place on ladders and framing other than ground level, and may entail risk of physical injury or death, and that I may be exposed to other hazards including by way of illustration but not limitation: Public transportation by air and land, diseases, viruses due to eating foreign foods and water, household cleaning chemicals, and operating power tools. I also understand that any and all reservations purchased/made by Guatemala Service Projects is non-refundable and will require payment no matter what the circumstances.

Medical Treatment: I do hereby release and forever discharge Guatemala Service Projects from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with my work with Guatemala Service Projects.

Accommodations: I understand that Guatemala Service Projects is not responsible or liable for my personal effects and property and that Guatemala Service Projects will not provide lock up or security for any items. I

RELEASE & WAIVER OF LIABILITY

will hold Guatemala Service Projects harmless in the event of theft or for loss resulting from any source or cause. I further understand that I am to abide by whatever rules and regulations that may be in effect for the accommodations at that time.

Photographic Release: I do hereby grant and convey unto Guatemala Service Projects all right, title and interest in any and all photographic images and video or audio recordings made by Guatemala Service Projects during my work trip, including, but not limited to any proceeds, or other benefits derived from such photographs or recordings.

On behalf of myself, my estate, and the personal representative thereof, my heirs and assigns, I hereby release, discharge, indemnify and forever hold Guatemala Service Projects together with their officers, agents, and volunteers harmless from any and all causes of action arising from my participation in this project, travel, and lodging associated therewith, including any damages which may be caused by their negligence.

IN WITNESS WHEREOF, I have executed the release as of the day and year written above.

NOTARY: _____ Volunteer: _____
(PRINT NAME) (PRINT NAME)

NOTARY: _____ Volunteer: _____
(SIGNATURE) (SIGNATURE)

NOTARY: State of _____, county of _____: I do hereby confirm that on this _____ day of _____, _____, appeared before me in person _____ known to be the person(s) who executed the preceding document.

Notary Public in and for the State of _____ My commission expires _____.

Parent/Guardian: _____ Parent/Guardian: _____
(PRINT NAME) (SIGNATURE)

If team member is under the age of 18, parents must sign.

NOTARIZE

MEDICAL HISTORY FORM

Medical History Form

TRAVELER'S INFORMATION

Traveler's Name

Date of Birth

Parent or Guardian Name (If traveler is under 18)

Daytime Phone

Evening Phone

Emergency Contact (in case parent or guardian cannot be reached)

Name

Phone

MEDICAL INFORMATION

(Please check and put approximate dates to items applying to you or your child traveling)

Hay fever

Fainting Spells

Diabetes

High Blood Pressure

Anxiety

Seizures

Asthma

Heart Trouble

Tetanus booster Date

Depression

Severe Menstrual Cramps

Allergic Reactions

Bee Stings Penicillin

Other / FOOD

Surgery within the past two years? (Yes / No) Attach explanation.

Other pertinent information? **ANYTHING you feel we should know about you/your child pre travel**

List medications that you are currently taking and dosage

Insurance Company, Policy Number and contact information

Traveler's Signature

Date

CONTACT INFORMATION

Contact Information

For all questions and comments regarding the paperwork, please contact Jennifer Demar.

Mail: Jennifer Demar
Guatemala Service Projects
PO Box 441
Oconomowoc WI 53066

Email: president@guatasp.org

Phone:(262) 468-8445