


HANDS OF HOPE

Mission Participant Application

 **Each person must complete and return this form in order to stay in the HOH Mission Center. Forms must be received in the HOH office at least two weeks prior to arrival date.**

Date of Trip: Arrive _____ Depart _____

1. Participant Information :

Name _____ Date of Birth _____

Address _____ Phone _____

City _____ State _____ Zip _____

Church or Group _____


2. Liability Release:

THIS RELEASE entered into this _____ day of _____ 20_____
by _____ (hereinafter the "Volunteer") in favor of
HANDS OF HOPE MINISTRIES, INC., its successors, associates, and assigns (hereinafter the "Sponsor").

Sponsor has organized the Hands of Hope Ministries, a ministry assisting individuals through mission work in West Virginia. Volunteer desires to volunteer their services, materials, and time to assist with the ministry and acknowledges that there are inherent risks involved with the mission's work and wish to sign this waiver acknowledging sole responsibility for Volunteer's participation and the participation of Volunteer's family members and invitees in the mission's activities.

Volunteer hereby releases and forever discharges the Sponsor from all claims, of whatever kind of nature, in connection with Volunteer's participation in the mission work of Hands of Hope Ministries. Volunteer further agrees to indemnify and hold the Sponsor harmless from any and all claims by Volunteer's family members and invitees which arise out of participation in the missions work of Hands of Hope Ministries.

Volunteer hereby grants permission for the Sponsor to use photographs, videos, audio recordings, or other documents of Volunteer's participation for the sole purpose of education or marketing. Sponsor agrees not to identify any minors in either print or web-based images.

 _____
Signature of participant


Printed Name

Signature of Legal Guardian (If participant is under 18)

Guardian's Printed Name

3. Rules and Regulations:

Yes, I have read the rules and regulations and agree to abide by them during my stay with Hands of Hope Ministries

 _____
Signature

4. Newsletter:

I would like to receive the Hands of Hope printed newsletter via mail Yes ____ No ____

I would like to receive the email updates (not the same as newsletter) Yes ____ No ____

If yes – please provide email address _____