



## 2012 SOL Nicaragua Work Group Volunteer Application, Medical Waiver, and Liability Release

1. If you are able to, please complete the online 2012 Work Group Application by clicking [here](#). If you choose to fill out this application, please complete all 4 pages of this SOL Work Group Volunteer Application, Medical Waiver, and Liability Release. All Work Group volunteer applicants under the age of 18, must **also complete** and return the top part of page 5, and applicants under the age of 16, must also complete the bottom (guardianship) portion on page 5.
2. There are three ways to return this form: a) Print and mail to SOL (PO Box 2107, Sonoma, CA 95476), b) Email completed form to [info@seedsoflearning.org](mailto:info@seedsoflearning.org) or c) If instructed to do so by your work group leader, return directly to him/her
3. If returning directly to SOL, please include a check for \$600 or go online and make a \$618 credit card payment [here](#) or call our office to pay over the phone.

Full Legal Name (as it appears on your passport):

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Middle Name \_\_\_\_\_ Nickname \_\_\_\_\_

Your Email \_\_\_\_\_

Dates of work group you wish to join \_\_\_\_\_

Gender (please circle or **bold** one): Male / Female Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Your Daytime phone (\_\_\_\_) \_\_\_\_\_ Your Evening phone (\_\_\_\_) \_\_\_\_\_

**For Minors (under 18):**

**Parents' email address:** \_\_\_\_\_

Parents' daytime phone \_\_\_\_\_ parents' evening phone \_\_\_\_\_

*Other Information. This information will be kept confidential. If you prefer to give it over the phone, please call our office.*

Passport Number: \_\_\_\_\_

Passport issue date: \_\_\_\_\_

Passport expiration date: \_\_\_\_\_

What is your level of fluency in Spanish (please circle or **bold** one): none low intermediate advanced  
(note no Spanish is needed, this is just for us to share with our staff)

*SOL's Work Group Program is designed to facilitate an experience in which volunteers can be transformed as they learn about themselves and others in another culture. Often the initial intention of 'going to help others' gets turned on its head as people learn how much they actually have to learn from others and themselves as well about things they didn't even anticipate; it becomes a mutual learning process. SOL tries to shy away from the attitude of "I'm going to help from the outside" and instead focuses on working together, with a community, in which there is an equal amount of learning and sharing going back and forth across cultures. This allows for less focus on material/North-South exchange, but rather one of solidarity and cooperation together. We hope that from the experience of a going on a SOL Work Group, you will return and become more civically engaged in local and*



*international communities around you and involved in community service.*

1. Volunteers on SOL Work Groups visit local communities in Central America in a spirit of solidarity, and openness to learn about, respect, and begin to understand another culture. Please describe what this means to you.
2. How much exposure or knowledge do you currently have about cultures or people in?
3. What do you hope to learn about Nicaraguan culture from this SOL Work Group experience?
4. What does being a 'global citizen' mean to you? (note there is no right answer here, we are just looking to understand how you view that term)
5. In terms of your own sense of self-identity, how significant is it to be a 'global citizen'?
6. What do you hope to share with the Nicaraguan you meet about your own culture during this experience?
7. Are you currently involved in any local, regional, national or international community work, or civic engagement? (such as volunteer work with a school, organization, church, board, etc.)
8. How did you learn about SOL's work groups?
9. What are your motivations for wanting to be a SOL Work Group volunteer?
10. What experience or skills do you have that might be relevant to a Work Group?
11. What is your physical capability? Are you able to jump in and out of pickup trucks, load and unload your heavy luggage, and participate in other somewhat strenuous activities? Please describe any limitations you have in this area. (This information will not have any bearing on your admission to the program).
12. We strongly encourage volunteers to, as much as they are able to, eat local food, what is served to them. However, we can make some special accommodations based on dietary restrictions. Please let us know if you have any restrictions, and/or food allergies.
13. Do you have a partner, family member, or friend also participating in this work group, who (when possible) you would prefer to room with?
14. We hope that by being a part of a SOL Work Group you continue to stay involved and supportive of the work that you are a part of in Central America. We also hope that you share what you have learned with others. Please tell us how you plan do to this after your Work Group.



## SOL 2012 Medical Waiver and Liability Release

Through our Work Group Volunteer packet and pre-departure orientations, Seeds of Learning seeks to provide you with information on the potential risks and hazards of living and traveling in a foreign country, and on how these may impact your health and safety. For additional sources of information, the US Department of State publishes travel advisories for all countries to inform Americans of physical dangers, serious health hazards or other conditions. Travel advisories are available at regional passport agencies, on the web at [www.travel.state.gov](http://www.travel.state.gov) or by calling the Citizens Emergency Center at 202-647-5225.

I, \_\_\_\_\_ (full legal name of work group participant, herein “I” may also be referred to as the “Work Group Participant”) understand that foreign travel and volunteer work projects may present problems, including disease, accidents or other special hazards endemic to Central America. I have voluntarily agreed to participate in a Seeds of Learning work group Nicaragua **on the following dates (please fill in)** \_\_\_\_\_ to \_\_\_\_\_, 2012.

In return for being permitted to participate in this work group, I agree to the following terms and conditions:

1. I assume the risk of foreign travel and volunteer work. I release, indemnify and hold harmless Seeds of Learning and its officers, agents and employees from any liability whatsoever related to my participation in the above work group. I will not assert claims for, or hold Seeds of Learning responsible for any costs or losses resulting from injury, illness, disability or any events not within the reasonable control of Seeds of Learning.
2. I understand that Seeds of Learning may provide me with emergency insurance from the Atlas Group. The plan from the Atlas Group includes coverage for emergency medical evacuation (\$500,000), accidental death and dismemberment (\$25,000), trip interruption (\$5,000), with a maximum per injury/illness (age 80 or older \$10,000, all others, with \$2,500 deductible, \$50,000), lost checked luggage (\$250), in addition to other coverage. Seeds of Learning will purchase the policy with a \$2,500 deductible. Work Group participant is responsible to pay all deductibles. More information about the Atlas Group can be found at: <http://globalnsure.com/atlas/main/trip>. A brochure of the coverage that will be purchased for your trip can be found at <http://www.seedsoflearning.org/apply.php?parent=workgroups>. I have read or received a copy of such insurance policy. I understand that this coverage will begin on the departure date of my work group and end on the return date of my work group. I understand the coverage and limits under this policy and also understand that, if I choose, I may obtain additional insurance coverage at my own cost; coverage as I deem necessary to cover pre-existing conditions, as well as coverage for any additional travel I elect to do before and/or after the work group. Some group leaders may elect to refuse SOL’s offer of insurance coverage, per a written refusal. SOL will not purchase the above-mentioned insurance plan for said group participants.
4. I hereby authorize Seeds of Learning agents or personnel to secure and approve any necessary emergency medical treatment where, in the opinion of a certified medical authority, it is deemed necessary and I am unavailable to authorize such treatment. This permission is granted between the dates noted above. I agree to reimburse Seeds of Learning for any expenses incurred beyond those covered in paragraph 2 in securing treatment.
4. I understand that Seeds of Learning has the right to discontinue my participation if I disregard reasonable directives regarding safety, liability or laws and regulations of the host country. I have read and fully understand and agree to abide by all of the **SOL Workgroup Policies, including the**



**Policy on Material Gifts to Individuals.**

- 5. I understand that it is my personal responsibility to obtain a valid passport and all other travel documents required to enter the country hosting the Seeds of Learning project for which I am volunteering.
- 6. I have fully informed myself of the contents of this affirmation and release, and I further state that I understand the terms herein are contractual and not a mere recital. I acknowledge that this release is a condition precedent to participating in a Seeds of Learning program. It is understood and agreed that this is a full and final Release, which is not limited in any way. By signing this Release, the Work Group Participant, intend and expressly agree that it shall be effective as a bar to each and every claim, demand and cause of action the Work Group Participant may have or has against Seeds of Learning as of the date the Work Group Participant signs this Release. The Work Group Participant also hereby expressly waives any and all rights and benefits conferred upon him/her now or in the future under the terms of California Civil Code Section 1542, which provides as follows:

“A general release does not extend to claims which the creditor does not now know or suspect to exist in his or her favor at the time of executing the release, which, if known by him or her, must have materially affected his or her settlement with the debtor.”

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
(please print)

**Emergency Information**

Name of medical insurance co. \_\_\_\_\_ Group or policy # \_\_\_\_\_

Physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**Person to contact in case of an emergency:**

Name (please print) \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone, Day (\_\_\_\_) \_\_\_\_\_ Evening (\_\_\_\_) \_\_\_\_\_

Email (optional) \_\_\_\_\_

*Note: Email will be used for emergency notification only if all efforts to contact the above person by phone are unsuccessful.*

Physical limitations \_\_\_\_\_

Asthma, food allergies, medication allergies, or respiratory problems \_\_\_\_\_

Other chronic medical conditions \_\_\_\_\_

Current Medications \_\_\_\_\_



## SOL 2012 Minor Permission Release

If work group volunteer is under 18 years of age **both** parents or legal guardians must sign this portion of the form.

I, \_\_\_\_\_ (print name), the lawful mother/legal guardian of \_\_\_\_\_ (a minor), do hereby grant permission to my son/daughter to leave the United States and travel with the Seeds of Learning work group to Nicaragua on the following dates (please fill in) \_\_\_\_\_ to \_\_\_\_\_, 2012. My child is under the guidance and supervision of Seeds of Learning and \_\_\_\_\_ (group leader).

Signature \_\_\_\_\_ Date \_\_\_\_\_

I, \_\_\_\_\_ (print name), the lawful father/legal guardian of \_\_\_\_\_ (a minor), do hereby grant permission to my son/daughter to leave the United States and travel with the Seeds of Learning work group to Nicaragua on the following dates (please fill in) \_\_\_\_\_ to \_\_\_\_\_, 2012. My child is under the guidance and supervision of Seeds of Learning and \_\_\_\_\_ (group leader).

Signature \_\_\_\_\_ Date \_\_\_\_\_

## SOL 2012 Guardianship Form

Note: All parents of minors who are under the age of 16 and not traveling with their parent must fill out this form before returning it to Seeds of Learning.

This letter hereby gives \_\_\_\_\_ (name of guardian) of \_\_\_\_\_ (guardian's address) guardianship of our son/daughter \_\_\_\_\_ (minor's name) from \_\_\_\_\_ to \_\_\_\_\_, 2012. He/She will be traveling to Nicaragua during these dates.

We wish \_\_\_\_\_ (name of responsible guardian) to be afforded all the legal rights of guardianship as might be needed with regards to our son/daughter, \_\_\_\_\_ (minor's name).

Sincerely,

Father's name \_\_\_\_\_ Father's signature \_\_\_\_\_

Mother's name \_\_\_\_\_ Mother's signature \_\_\_\_\_