

CHCA Service Immersion Student Agreement

I, _____, am pleased to have been considered/selected to participate on a Cincinnati Hills Christian Academy Service Immersion Trip to _____ (location).

I accept responsibility to conduct myself according to the following rules and procedures while participating in this program:

- I will participate fully in the group schedule 24/7. I understand that safety is first and team building is second. Thus, I will fully cooperate, participate and will give my best in every area including devotions, meals, work project, clean up, sleep, reflections, journaling, sight-seeing, etc.
- I will abide by all regulations and all instructions given by the representatives/teachers of Cincinnati Hills Christian Academy and the host organization(s).
- I will not purchase, use or have in my possession any tobacco, alcohol, or other drugs (unless prescribed by a doctor) during this mission trip.
- I will be considerate and cautious in the use of photography. I understand that taking photos may be offensive and inappropriate at times.
- I understand that misuse phones, iPads, electronic devices on immersion trips disconnect me from my group, my experience and detach me from the community where I am learning and serving. Therefore, usage of these items will be limited in order to full experience. Cell phones/texting are not to be used at all during the work day, meals, or any planned group time.
- I will submit to a search of any/all luggage, clothing, packages, boarding rooms at the sole discretion of representatives/teachers of Cincinnati Hills Christian Academy and host associates.
- I promise to reflect the Christ-centered values and morals of Cincinnati Hills Christian Academy through my own personal actions at all times.

By signing this statement, I agree to the rules and procedures stated above. I understand that if I choose not to follow these rules and procedures, I may/will immediately be sent home at the expense of my parents.

Signature of Student

Date

Signature of Mother/ Legal Guardian

Date

Signature of Father/Legal Guardian

Date



Good Works, Inc. Volunteer Releases

Volunteers are asked to fill out and sign the information requested below prior to beginning any volunteer service with Good Works. It is not unusual to have questions regarding this part of the application. Feel free to direct your questions to a full-time Good Works staff member.

PLEASE PRINT CLEARLY

Name _____ Address _____
City _____ State _____ Zip _____ Phone _____ Male ___ Female ___
Email Address _____

We will use the mailing information you provide to keep you informed about the ministry of Good Works. If you prefer that we do not do this, please indicate here. _____ Please do not include me in your mailings.

_____ I am already on your mailing list. Please keep me on.

If volunteer is under age 18, please also complete the following:

Name of Parent or Legal Guardian _____

Address (if different from above) _____

City _____ State _____ Zip _____ Phone _____

A. PERSONAL COMMITMENT

I commit myself to serve at Good Works, Inc. I realize that this experience will expose me to living and working conditions that I may not be accustomed to and which may require personal sacrifices of me. I will do my best to persevere and act with kindness to all, with the support of my peers and leaders, even when I am tired and uncomfortable. I gladly accept this as an opportunity to learn and grow personally. I commit myself to the guidance of the leadership of the Good Works Staff. I will do my best to comply with their requests and will honestly admit my own limitations when necessary. Finally, I commit myself to serving our neighbors in Southeastern Ohio with Good Works. I will give my best to serve them and will give them proper respect as I work with them and for them.

B. RELEASE OF ALL CLAIMS

This is a legal release of liability: I voluntarily and knowingly agree to this *Release of All Claims* with the express purpose and intention of releasing all the obligations described below: I agree to not hold Good Works, Inc. of Athens, Ohio responsible for any or all injuries or damages known or unknown which might be incurred during and/or after the volunteer experience with/at Good Works. This release of responsibility applies to its employees, volunteers, corporate officers and all others connected with the ownership, operation and maintenance of the facilities, activities, programs and services of Good Works. Furthermore, I release Good Works from all claims, demands, actions, judgments, and executions that may be incurred during and/or after the volunteer experience with/at Good Works.

Your initials here indicate you have read the above paragraph and don't have any further questions _____

C. MEDIA RELEASE

Good Works takes pictures, and occasionally, video of volunteers while they are serving with us. These are used in our newsletters, on our website and in brochures we hand out. We are also funded through organizations that want pictures showing how their money was used to help the community and the organization. The pictures are not sold to anyone but are used solely for our publications and the publications of our grantors.

By signing this agreement, you are giving us permission to use these pictures as described here. Yes ___ No ___

D. MEDICAL RELEASE

In order that I may receive the necessary medical treatment from medical staff of an area hospital, I hereby consent to medical treatment for myself if I am not conscious. This pertains to any injury or illness that occurs during the times I am involved with Good Works related activities. I also authorize the designated event staff to obtain such treatment. I further acknowledge and understand that, while volunteering at Good Works, Inc., there is a possibility of physical illness or injury and that I am assuming the risk for such illness or injury by my participation. Payment of any medical expenses will be paid by me or by my insurance company.

If volunteer is under age 18, parent/guardian please complete the following:

In order that my child may receive the necessary medical treatment from medical staff of an area hospital, I hereby consent to medical treatment for my child. This pertains to any injury or illness during the times my child is involved with Good Works related activities. I also authorize the appropriate people to obtain such treatment. I further acknowledge and understand that, while volunteering at Good Works, Inc., there is a possibility of physical illness or injury and that my child and I are assuming the risk for such illness or injury by her/his participation. Payment of any medical expenses will be paid by me or by my insurance company.

Parent/guardian initials here indicates that you have read the above paragraph and do not have further questions _____

Persons to Contact in Case of Emergency:

- 1. Name _____ Relationship to you _____
Day Phone (_____) _____ - _____ Night Phone (_____) _____ - _____
- 2. Name _____ Relationship to you _____
Day Phone (_____) _____ - _____ Night Phone (_____) _____ - _____

Medical and Insurance Information:

The information you provide here will enable Good Works to act on your behalf if you should become injured on our property or while involved in work assigned to you by Good Works.

Family Doctor's Name _____ Phone (____) _____ - _____

Address _____

City _____ State ____ Zip _____

List any allergies, health conditions and/or medications _____

Are your immunizations up to date? Yes ___ No ___ Date of last Tetanus Shot ____/ ____/ ____

Explain: _____

Do you have Medical Insurance? Yes ___ No ___ Name of Insurance Company: _____

Name of Policy Holder _____

E. ADULT RELEASE

I agree to the releases described above and to the time of volunteer service at Good Works, Inc.

Signature: _____ Date: _____

If volunteer is under age 18, parent/guardian please complete the following:

I (print name of parent or legal guardian), _____, give permission for my child listed above to participate in volunteer service on the property of Good Works, Inc. in Athens, Ohio, and I agree to the above described releases.

Parent/Guardian Signature: _____ Date: _____