

AFRICA SCHOOL



ASSISTANCE PROJECT

## HIGH SCHOOL STUDENT VOLUNTEER APPLICATION JUNE 2018



Hello!

Thanks for your interest in becoming a high school volunteer with the Africa School Assistance Project in June 2018! We are excited to have you join us for this incredible adventure, during which you will help to build a school for children in rural Tanzania, learn about sustainable development in East Africa and enjoy a safari through world-renowned game preserves. In exchange, you will receive 50 hours of community service credit towards graduation requirements or for college applications.

The trip will leave Denver International Airport on June 8 and students will return to DIA on June 20. The cost for the trip is \$3,900 but we also ask each volunteer to raise or donate \$1,500 to support our programs.

We have scholarship funds available for the trip. This is exclusively for students who are not otherwise able to pay for the trip and applicants will be assessed on financial need. Please do not apply for this if this does not apply to you. You can request an application by contacting [Susan@AfricaSchoolAssistanceProject.org](mailto:Susan@AfricaSchoolAssistanceProject.org).

Please read through this application thoroughly, including the attached Liability Waiver and Cancellation Policy. Applications will be accepted on a rolling basis until the trip is full with 14 students. **If you would like to participate in the trip, please return the signed application along with a deposit of \$2,000 to:**

Africa School Assistance Project  
191 University Boulevard, #285  
Denver, CO 80206

If you have any questions about the trip, or would like to discuss special circumstances or concerns, please call Susan Bachar at 303-881-3081 or email at [Susan@AfricaSchoolAssistanceProject.org](mailto:Susan@AfricaSchoolAssistanceProject.org). We look forward to seeing you in Tanzania in June!



## HIGH SCHOOL STUDENT VOLUNTEER APPLICATION

### JUNE 2018

**PERSONAL INFORMATION** *(Please enter your information as it appears on your passport)*

Name (EXACTLY as it appears on your passport)	First: Middle: Last:
Home Address	
City, State, Zip	
Age, Grade and School (as of June 1, 2018)	
Email	
Home Phone	
Cell Phone	
Passport Number	
Issue Location & Date	
Expiration Date	
Date of Birth	
Gender	
Parent/Guardian #1 Name	
Parent/Guardian #1 Email	
Parent/Guardian #1 Cell Phone	
Parent/Guardian #2 Name	
Parent/Guardian #2 Email	
Parent/Guardian #2 Cell Phone	

**HEALTH INFORMATION** (please use back of paper if you need more space)

Please list any health conditions or ongoing illnesses. Are there any additional health concerns that we should be aware of or that may impact your experience on this trip?

Are your vaccinations up to date with your US physician?

Do you have any allergies or food restrictions? Please describe.

Are you aware that you will need specific vaccinations to travel to Tanzania, such as hepatitis A & B and typhoid? You may also choose to take prophylactic malaria medicine. These vaccinations can be obtained from your physician or from a travel clinic. These costs are not included in the trip fee.

**TRAVEL INSURANCE**

Travel insurance with medical evacuation coverage is required for this trip and cancellation insurance is recommended. MedJet Assist (<http://medjetassist.com>) is one option for coverage but it is up to the individual family to determine coverage that is right for you. This cost is not included in the trip fee.

**RELEASE AND VOLUNTEER AGREEMENT**

Attached is an ASAP Release and Agreement that you will be required to sign if you travel with us in June. Please thoroughly review and return a signed copy with this application.

**BOOKING CONDITIONS**

These booking conditions are valid for all ASAP programs.

- ⇒ Program Fee: The \$3,900 program fee includes:
  - Airfare
  - In-country Ground Transportation
  - Hotels and Camping Accommodations
  - Meals & Bottled Water
  - Safari Fees
  - Chaperones
  - 24/7 Local Support and Security
- ⇒ Applications will be considered in the order they are received until the trip is full. Applications can be submitted either electronically (scan and email to [Info@AfricaSchoolAssistanceProject.org](mailto:Info@AfricaSchoolAssistanceProject.org)) or by mail (Africa School Assistance Project, 191 University Blvd, #285, Denver, CO 80206).
- ⇒ A deposit (\$2,000) is required to be submitted with this application (unless you are applying for the scholarship).
- ⇒ The remaining balance of the fee (\$1,900) must be paid by April 1, 2017.
- ⇒ The \$1,500 donation must be raised or donated by April 1, 2017.

AFRICA SCHOOL



ASSISTANCE PROJECT

⇒ Payment: Payment can be made by check and sent to:

Africa School Assistance Project  
191 University Boulevard  
#285  
Denver, CO 80206

⇒ The ASAP tax ID number is 26-0784811.

⇒ Cancellation: Please see cancellation policy attached below.

I have read the policies listed above, including the Release and Volunteer Agreement, and am willing to abide by them as a participant on an ASAP school building trip to Tanzania in June 2017. Attached to this application are the signed Release and Volunteer Agreement.

Signed,

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Student

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Parent or Guardian #1

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Parent or Guardian #2



## **ASSUMPTION OF RISK, WAIVER, AND RELEASE**

**June 2018**

In order to participate in an Africa School Assistance Project (ASAP) work project in Tanzania or other countries in Africa, the undersigned (or parent or guardian if volunteer is under eighteen years of age) agrees, appreciates, and acknowledges that:

1. The risk of injury from participating in the travel to, from and within Africa and volunteer activities associated with school building in rural Africa, is significant. These risks include, but are not limited to, acts of God and risks of injury, disability, death, hunger, water-borne and other infectious disease, terrorism, political and religious civil disorder and strife, war, abduction, kidnapping, extortion, theft, assault, and other crime. Medical care and treatment in Tanzania is substandard and obtaining adequate medical care in the case of emergency is difficult and may be delayed or unavailable.
2. The undersigned acknowledges the mandatory requirements of consular notification set forth by the United States Department of State, Bureau of Consular Affairs (*see* <http://travel.state.gov/>), and affirm that I/we have read all travel advisories and risks of travel to my destination published by the United States Department of State.
3. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, KNOWN AND UNKNOWN, PRESENT OR FUTURE, DIRECT OR CONSEQUENTIAL, REGARDLESS OF WHETHER PHYSICAL, PSYCHOLOGICAL, SOCIAL, ECONOMIC OR OTHERWISE, INCLUDING ALL RISKS OF TREATMENT, HOSPITALIZATION AND OTHER CARE RENDERED TO ME IN THE EVENT OF MY ILLNESS OR INJURY, AND ALL RISKS OF EMERGENCY CIRCUMSTANCES IN CONNECTION WITH MY PARTICIPATION IN AN ASAP WORK PROJECT, EVEN IF ARISING FROM THE NEGLIGENCE OF ASAP, ITS AGENTS, OR OTHERS.
4. I represent to ASAP that I have obtained travel insurance with coverage for medical evacuation. I willingly agree that if I observe any unusual circumstance or significant hazard during my participation in any ASAP related project, including travel to and from Africa, I will remove myself from participation from the ASAP program and immediately will bring such condition or hazard to the attention of the nearest ASAP representative.
5. I, FOR MYSELF AND ON BEHALF OF MY HEIRS, ASSIGNS, PERSONAL REPRESENTATIVE AND NEXT OF KIN, HEREBY RELEASE, DISCHARGE, INDEMNIFY, AND AGREE TO HOLD ASAP AND ITS DIRECTORS, OFFICERS, EMPLOYEES, OFFICIALS, VOLUNTEERS AND AGENTS, OTHER PARTICIPANTS (“RELEASEES”) HARMLESS WITH RESPECT TO ANY LIABILITY, CLAIM, DAMAGES, CAUSES OF ACTION, COST, LOSS, OR EXPENSE, OF WHATSOEVER NATURE (INCLUDING MEDICAL EXPENSES AND ATTORNEY’S FEES) ARISING FROM, INCURRED, SUFFERED, OR ASSOCIATED WITH MY PARTICIPATION IN AN ASAP WORK MISSION TO AFRICA, EVEN IF SUCH CLAIMS ARISE FROM THE NEGLIGENCE OF THE RELEASEES.



6. I certify that I have had a recent physical examination and have been cleared by a physician for travel activities and for the hard physical labor that may be involved in with construction projects in rural Africa.
7. I certify that I have obtained all necessary vaccinations and prophylactic medicines as prescribed by a qualified international travel physician for travel in Tanzania and any other country that is part of my travel itinerary.
8. I further certify that I will be covered by travel and health insurance sufficient to cover the costs of any medical treatment for injuries that I may sustain while participating in ASAP activities in Africa.
9. I authorize the use of photography, video, and data collected during the camp to be used by ASAP in its promotional materials.
10. I realize that good behavior is expected and that I can be sent home for bad behavior as determined in the sole discretion of ASAP, without a refund. If I need to be sent home, ALL COSTS WILL BE COVERED BY MY PARENTS OR GUARDIANS.
11. I understand and agree that ASAP shall have no liability or responsibility for me for non-ASAP sponsored programs before or after the sponsored ASAP volunteer program, such as tourist trips to other destinations.

I HAVE READ THIS ASSUMPTION OF RISK, WAIVER and RELEASE AGREEMENT, FULLY UNDERSTAND ITS TERMS, AND SIGN IT VOLUNTARILY WITHOUT RISK OF INDUCEMENT.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Participant Printed Name

\_\_\_\_\_  
Age

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email



**ASSUMPTION OF RISK, WAIVER, AND RELEASE, continued**

FOR PARTICIPANT UNDER AGE 18 AT TIME OF PARTICIPATION

I, as parent/guardian with legal responsibility for this participant, having read the foregoing agreement, on behalf of my child, agree to all terms of the agreement as if fully set forth herein, and do consent and agree to his/her assumption of risk, waiver and release as provided above, and for myself, my heirs, assigns and next of kin, I release and agree to indemnify the Releasees from any and all liabilities, losses, damages, claims and causes of action (including medical expenses and attorney fees) incident to my minor child's involvement or participation in the activities as provided above, even if arising from the negligence of Releasees. I understand every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I authorize Susan Bachar, or other ASAP volunteer or agent, to call an ambulance or transport my child to the nearest medical care facility and secure emergency medical treatment, including hospitalization, injections, anesthesia or surgery. In the event of injury to my child, all medical costs will be paid by me. I accept that this participant may be sent home at my expense for bad behavior with no refund.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email

Secondary Contact: \_\_\_\_\_  
Name and Telephone Number



## **VOLUNTEER AGREEMENT**

**June 2018**

As an ASAP volunteer going to Tanzania to help build a school, I commit to the following:

1. Working with and respecting other members of the team;
2. Working with and respecting the culture of the people who live in Africa;
3. Respecting the beliefs and practices of the people who live in Africa. I understand that it is inappropriate to impose any of my own cultural values and beliefs on the people in Africa and will not attempt to convert or convince anyone of my belief system;
4. Physically engaging in the actual labor while working to encourage others;
5. Ensuring that at least one adult member of the team knows where I am at all times;
6. I will not give any personal items, money or other resources to any individuals in the community. Any gifts will be given through the group to the entire village with guidance from the African leaders;
7. Paying for all of my own expenses outside of what is included in the trip cost;
8. Raising funds to support the building of the school, a minimum of \$1,500 per person.
9. Ensuring that the team leader has information about my blood type, any health conditions and special health needs that I have;
10. Having private medical coverage (travel insurance) or adequate resources to cover any emergency health needs including medical evacuation while traveling;
11. Agreeing that I will conduct myself in a responsible, respectful and safe way. This includes the prohibition of alcohol or drug consumption or engaging in sexual activity of any kind. If my behavior is deemed inappropriate in any way, I can be sent home at the discretion of my chaperones.
12. Paying for my own travel should it become necessary to leave early and agreeing there will be no reimbursement for expenses of any kind;
13. Signing and following the liability release from ASAP;
14. Going with the goal of learning, building a school, having fun and developing relationships with my team members and with the people who live in Africa.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_





## **Volunteer Trip Cancellation Policy For Risks or Threats**

**June 2018**

### ***Issue:***

The Africa School Assistance Project (ASAP) is committed to safety. Therefore, ASAP closely monitors developing risks in the regions in which ASAP works and sends volunteers, the surrounding areas and or other locations associated with our itinerary (collectively the “Work Area”). Such risks include, but are not limited to, civil unrest, acts of god, terrorism, and health risks.

### ***Definition of Risk:***

ASAP will rely upon either or both of the following two criteria to determine if there is a potential significant risk to the health and safety of our volunteers and/ or employees travel and or continued work:

1. If the U.S. Department of State (State) or the Center for Disease Control & Prevention (CDC) issues a travel advisory or travel warning in the Work Area that advises against travel, or;
2. If in ASAP’s sole and absolute discretion there is a credible threat regarding travel to or through the Work Area.

### ***Cancellation Policy:***

If in ASAP’s sole and absolute discretion there are credible threats to our volunteers or activities in the Work Area, then ASAP may cancel all or a portion of the trip subject to the refund policy. The decision to cancel will be made by the ASAP Executive Director, in consultation with members of the Executive Committee of the ASAP Board of Directors and ASAP’s insurance carriers.

### ***Refund Policy:***

If ASAP must cancel a trip, ASAP will make commercially reasonable efforts to refund all or a portion of the trip fees to volunteers to the extent that funds have not been paid to contractors or others. At a minimum, ASAP expects it will be able to do the following:

1. Before March 1, 2018: Refund 100% of trip fees.
2. Between March 1 – May 1, 2018: Refund approximately 75% of trip fees, or more. This would include all fees not already paid to contractors or fees we can get refunded.
3. After May 1, 2018: Refund any fees not already paid to contractors or fees we can get refunded.

This refund policy only applies to trips cancelled by ASAP under the Volunteer Trip Cancellation Policy for Risks or Threats.