

## **VOLUNTEER AGREEMENT FORM**

### **I) PERSONAL INFORMATION:**

First Name:

Middle Name:

Last Name:

Date of Birth (dd/mm/yyyy): ...../...../.....

Nationality:

Passport Number:

Address line 1:

Address line 2:

Town / City:

County / State / Province :

Post / Zip Code :

Country :

Personal Cell Phone / Mobile number :

Emergency Contact's Phone number:

Emergency Contact's Name:

E-mail:

Occupation:

Criminal / Police Background / Record (please tick): Yes ( ) No ( )

If the answer is "Yes", please specify:

### **II) AGREEMENT, LIABILITY AND CONTRIBUTION**

I will be volunteering for EcoSwell, a not-for-profit NGO (hereinafter "the Organization") from     /     (date dd/mm/ yyyy) to     /     (dd/mm/yyyy) (    ) of weeks volunteering), participating in the Organization's activities through my work, best efforts, diligence, knowledge and experience in the province of Talara, region of Piura, in Peru.

I am aware that the Organization's objectives consist of helping guide communities to better their development, organization and productivity through sustainable means, in order to improve the quality of life of its inhabitants and help them adapt to challenges in the future relating to potential environmental pollution, climate change and economic issues.

As a volunteer of the Organization, I declare I have been duly informed and am fully aware about the Organization's aims, objectives, policies and means, and I commit that my conduct will be always in line with the aforesaid. Therefore, I am as responsible for the Organization's image in the locality as any other member of the Organization. To this effect, I commit to maintain a respectful, tolerant and solidary

[www.ecoswell.org](http://www.ecoswell.org)

conduct while I stay with the Organization, and will actively collaborate in finding solutions to any potential inconveniences / issues which may arise, as well as contribute to the success of the Organization's activities, working proactively towards the best possible results. I will not wilfully or recklessly damage relations between Organization, partners and/or the host country.

I declare that I will comply with all relevant laws, regulations and customs of Peru during the Programme. In the event of a contravention of these laws, the Programme Leader or the Organization shall have the right to remove me from the Programme (expulsion) and no liability on the part of the Organization shall arise whatsoever. I shall at all times respect and follow local laws and culture of the host country and behave in a responsible and courteous manner. I have a duty of care with other volunteers, to the local people, to host country nationals participating in the Programme and to the Organization. I shall follow the reasonable instructions of the Programme Leaders and of the Organization during the Programme.

I acknowledge and agree that the Organization reserves the right to contact my next of kin should staff deem it necessary.

I acknowledge and agree that the Organization reserves the right to any photos and videos provided to them or taken by staff members or interns, during or after the Programme, for promotional purposes.

I shall replace any property that is lost or damaged through my careless or otherwise negligent behavior.

I agree that my participation in the Programme is subject to determinations that take into account my criminal history. I agree to honestly disclose my criminal history to the Organization as is reasonably requested.

I declare that my participation in the Programme of the Organization is **entirely voluntary** and I have been informed about the region where I will be volunteering, in developing rural/urban locations, the nature of the Programme, the activities involved and its inherent risks. I shall always respect and follow the health and safety procedures as set out by the Organization, the Programme Leaders and/or the representative in the host country.

Therefore, I declare and understand that my participation involves certain inherent risks that cannot be eliminated regardless of the care taken. Hence, I understand and accept that, despite safety precautions, the Organization is not (and cannot possibly be) responsible for losses, personal injury, including death, property damage and others associated with my volunteering. To the fullest extent possible, I agree to release, waive, hold harmless, discharge and agree not to sue the Organization for any and all liability, claims, actions, demands, expenses, attorney's fees, breach of statutory duty, or other duty of care, warranty, strict liability actions, and causes of action whatsoever, that I might now have or may acquire in the future, arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, while participating in the Programme.

Finally, I declare that, to the best of my knowledge, I do not have any illness, injury or medical conditions which may pose a risk to the activities to be undertaken by myself in the Programme.

I understand that I am under a duty to inform the Organization at the time of the application of any medication requirements, any allergies and any other physical, mental condition or limitation that might disable or render me unable to perform or safely complete the Programme. I am the best judge of my own condition and limitations, and I acknowledge that it is incumbent on myself to fully disclose the extent of any conditions or limitations. I agree to notify the Organization of any physical and medical condition at the time of the application and also of any changes in my physical, mental and/or medical condition occurring after the signing of this Agreement. Failure to do so, and/or failure to disclose complete and truthful information could result in the cancellation or expulsion from the Programme without reimbursement.

The Organization reserves the right to require documentation from a doctor or specialist verifying that I am fit and able to undertake this Programme and the Organization reserves the right to reject a booking on the grounds of the doctor's comments. The Organization shall not in any event be held liable for any consequence arising out of my failure to take advice or medication as prescribed by a medical practitioner both prior to departure and during the Programme. The Organization reserves the right to reject applicants who require special medical care following due consideration.

I acknowledge and agree that the Organization reserves the right to accept or reject me at any time, or to require me to withdraw from the Programme at any time if it is determined by a Programme Leaders sole discretion that it is the best interest of my health and safety, and/or in the best interest of the Programme in general.

I declare my commitment with these agreements and declare that the information provided by me in this form is complete, true and legitimate, and that any incongruence or misrepresentation may result in the termination of my participation in the Programme, at the Organization's discretion. This termination will result in expulsion, which can be carried out by the Programme Leader at the Organization's own discretion and is not subject to appeal. In the event of expulsion, I will not be entitled to any reimbursement from the Organization, nor will the Organization be responsible for any additional costs incurred by myself as a result.

Signed in the city of \_\_\_\_\_, on the \_\_\_\_ / \_\_\_\_ / \_\_\_\_ .  
(dd) (mm) (yyyy)

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

**Please print, sign and send us a scanned copy to [info@ecoswell.org](mailto:info@ecoswell.org), together with the attached contribution confirmation/receipt from Paypal**