



SEAPC VOLUNTEER AGREEMENT FORM

Please complete all the following fields, sign, date, and return the form to your SEAPC representative at least 2 weeks prior to your arrival. Please attach a copy of your passport's photo page with this form.

VOLUNTEER INFORMATION

First Name: _____ Last Name: _____

Mobile/Cell #: _____ Email: _____

Emergency Contact Name: _____ Emergency Contact Phone: _____

DOB: _____ Gender: _____

Purpose of Visitation: _____ What are your expectations: _____

Any Special Requests? Please specify: _____

Please provide the information requested below, as it may be needed in case of an emergency. This information does not modify the information on the emergency card.

Date of Birth: _____

Allergies: _____

Conditions requiring special consideration (medical/physical): _____

Do you require (A) **Epipen** Yes No (B) **Inhaler** Yes No (C) **ANY MEDICATION CURRENTLY TAKEN:** (Type of medication and time of administration): _____

Agent/Representative/Referee Name (if applicable): _____

Agent/Representative/Referee Phone ((if applicable): _____

Agent/Representative/Referee Email ((if applicable): _____

TRAVEL INSURANCE INFORMATION

Company Name: _____ Policy #: _____

Policy Holder's Name: _____ Date: _____

(PLEASE PRINT)



VOLUNTEER WAIVER OF LIABILITY AND AGREEMENT

This Volunteer Waiver of Liability ("Waiver") and Declaration is entered into by and between the undersigned volunteer/individual ("Volunteer") and Southeast Asia Prayer Centre (SEAPC) at 531 5th Street Oakmont, PA 15139, United States of America, a non-profit organization referred to as the "Organization".

1. Assumption of Risk:

I understand that my participation as a volunteer with the Organization may involve activities that may be hazardous to me, including but not limited to, and whe/if applicable:

1.1 Physical Labor:

- 1.1.1 Lifting heavy objects
- 1.1.2 Construction work
- 1.1.3 Outdoor maintenance tasks

1.2 Outdoor Activities:

- 1.2.1 Hiking
- 1.2.2 Camping
- 1.2.3 Trail clearing

1.3 Use of Tools and Equipment:

- 1.3.1 Handling power tools
- 1.3.2 Operation of machinery
- 1.3.3 Carpentry work

1.4 Travel and Transportation:

- 1.4.1 Driving or riding in vehicles
- 1.4.2 Use of public transportation
- 1.4.3 Walking in unfamiliar or uneven terrain

1.5 Environmental Exposure:

- 1.5.1 Exposure to extreme weather conditions (heat, cold, rain)
- 1.5.2 Insect bites and exposure to wildlife
- 1.5.3 Exposure to hazardous substances or materials

1.6 Medical and First Aid:

- 1.6.1 Providing first aid to others
- 1.6.2 Basic medical assistance
- 1.6.3 Emergency response situations

1.7 Working with Vulnerable Populations:

- 1.7.1 Interaction with children
- 1.7.2 Working with individuals with special needs
- 1.7.3 Providing assistance to elderly individuals

1.8 Construction or Renovation Work:

- 1.8.1 Building structures
- 1.8.2 Painting or using chemical substances
- 1.8.3 Working at heights

1.9 Sports or Recreational Activities:

- 1.9.1 Organizing or participating in sports events
- 1.9.2 Physical fitness programs
- 1.9.3 Recreational games and activities

2.1 Health and Hygiene Practices:

- 2.1.1 Handling of cleaning chemicals
- 2.1.2 Adherence to hygiene protocols



2.1.3 Exposure to potential infectious diseases.

I voluntarily assume full responsibility for any risks of loss, property damage, or personal injury, including death, that may be sustained by me as a result of my participation in these activities.

2. Release and Waiver:

In consideration for being permitted by the Organization to participate in volunteer activities, I, on behalf of myself, my heirs, executors, administrators, and assigns, hereby release, discharge, and hold harmless the Organization, its officers, directors, employees, agents, and representatives, from any and all claims, liabilities, demands, actions, or causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me while participating in volunteer activities.

3. Medical Treatment Authorization:

I hereby authorize the Organization to secure any and all necessary medical treatment for me in the event of injury, including hospitalization, anesthesia, surgery, or other medical procedures deemed necessary by medical professionals. I understand that I will be responsible for covering the costs of these arrangements.

4. Compliance with Policies:

I agree to comply with all policies, rules, and regulations established by the Organization during my volunteer service.

5. Child Protection Policy:

I, the undersigned individual, hereby acknowledge that I have read and fully understood the SEAPC Child Protection Policy. I commit to conducting myself in a lawful and legal manner in accordance with the Child Protection Policy. I affirm that I have never been suspected of or convicted of any criminal offense related to child physical and sexual abuse.

I accept full responsibility in the event of accusations related to child abuse while being involved in activities under SEAPC. I understand that such allegations will be subject to thorough investigations conducted in coordination with relevant authorities.

I HAVE READ AND UNDERSTAND THIS WAIVER OF LIABILITY, AND I VOLUNTARILY AGREE TO ITS TERMS.

Volunteer's Full Name: _____

Date: _____

Signature: _____