



Info@BoldHope.org | 833-265-3467 | 11 Welden Dr, Suite 200, Doylestown, PA 18901

Trip Application Packet

Welcome to Bold Hope!

Bold Hope is a nonprofit organization committed to inspiring HOPE by connecting and empowering people to transform lives worldwide. We do this by helping missionaries and nationals meet people's most basic needs while sharing the love of Christ.

Join us:

We invite you to join Bold Hope by participating in a volunteer trip this year. Our trips vary in focus, but all participants will have an opportunity to experience local culture, to interact with natives, and to do work that will have a positive and lasting impact on children, families and entire communities.

Since 2010, hundreds of volunteers have joined us on mission trips, helping complete projects such as building a school, building a dormitory, constructing a tilapia farm, building a basketball court and a soccer field, and constructing several greenhouses. Volunteers have also spent meaningful time in orphanages, medical clinics, and several schools.

Thank you for helping us fulfill our mission and vision for God's children around the globe!

- The Bold Hope team



Contact Rachel Miller at rachel@boldhope.org for more information.

BoldHope.org

Bold Hope is a 501(c)3 organization, Federal Tax ID# 27-1895442.



Trip Application Details

After completing the following, please submit a trip application packet, including ALL of the following completed and signed documents:

- Volunteer Application Form
- Statement of Financial Responsibility
- Assumption of Risk & Release Form; Code of Conduct
- Color copy of passport
- Background Check & Child Abuse History Certification (Clearance)

IMPORTANT NOTES:

- Anyone under 18 years old will need to submit a notarized approval for temporary guardianship. If you are under 18, please ask our trip coordinator about this.
- The “monthly donor trip discount” does NOT apply to Child/Youth Sponsorship. A trip discount is only given to those who donate monthly to our organization for projects, for admin, or for specific support-based staff.
- All trip prices include a \$150 non-refundable deposit. Should a participant choose to cancel their trip, this money will be retained by Bold Hope. If plane tickets have been purchased, that money is also non-refundable.
 - In the event that Bold Hope has to cancel a trip (e.g. if a hurricane hits the country), the organization will only refund the money that it is able to recover. For example, if the airline does not refund the money paid for plane tickets, Bold Hope will refund everything except for airfare.
 - If a trip is canceled by Bold Hope, participants have the option to receive a refund or a credit for a future trip. The cost of airline tickets is always non-refundable. If a trip credit is chosen, Bold Hope will try to work with participants to get cheap tickets or use airline credits the organization has on hand, if available. For future trip credits, reservations must be made within two calendar years of the original date of departure or funds are forfeited. Refunds will not be issued after a future trip credit has been chosen.

To confirm your trip, please send your **completed application, all related documents, and \$150.00 non-refundable deposit ASAP** to:

Bold Hope
11 Welden Drive, Suite 200
Doylestown, PA 18901

Please fill in the following:

Trip Dates: October 17 - October 23, 2021

Group Name (if applicable): Healthy Neighbors International

BoldHope.org

Bold Hope is a 501(c)3 organization, Federal Tax ID# 27-1895442.



Statement of Financial Responsibility

Bold Hope is committed to offering affordable volunteer trips that provide an introduction to the people and culture of countries around the world, while serving in support of various ministries. In order to keep trips affordable, we ask that all participants adhere to the following guidelines:

- Standard trip cost includes: airfare, hotel, 3 meals/day, ground transportation in country, translators, and trip insurance
- Monthly donors receive a **\$450 discount or \$750 discount**
- All deposits are non-refundable, and for tax purposes is not a donation. Therefore, it is not tax-deductible. When you receive your tax donation paperwork at the end of the year it will not include this deposit as a donation.
- All money is due according to the payment schedule below
 - **No participant or group will be accepted at the mission site with an outstanding balance**
 - If balance is not paid in full 15 days before departure, flight will be canceled
- All contributions/payments received in excess of trip fees will be used in support of the organization and cannot be refunded or used to reimburse expenses for the group/individual
 - If Bold Hope collects the money for the trip, any extra funds will be applied towards projects. We do not pool funds between participants. If the group collects the money for the team's trip, they can choose how to use any excess funds.
- Payments made online at <https://boldhope.org/donate> carry a 3% convenience fee and must be paid by the participant
- If you choose to back out of a trip, only money that **you** paid towards your trip may be refunded to you (less the initial deposit plus the plane ticket price)

<u>Item</u>	<u>Due</u>	<u>Amount</u>
Deposit	Due with Application	\$150
Payment	July 15, 2021	50% of balance
Payment	August 15, 2021	Remaining balance

****If the 90-day deadline is missed, the volunteer must book their own airfare or contact Giuliana Gherardi at Key Travel (646-218-2100; giuliana@keytravel.com).**

****If your final balance is not paid in full at least two weeks before your departure date, we reserve the right to cancel your trip with no refunds.**

I, _____ acknowledge that I have read & understand the guidelines as set forth within this statement of financial responsibility.

Signature

Date

BoldHope.org

Bold Hope is a 501(c)3 organization, Federal Tax ID# 27-1895442.



Volunteer Application

Name as it appears on your passport: <div style="display: flex; justify-content: space-between; font-style: italic; font-size: small;"> <i>Last</i> <i>First</i> <i>Suffix</i> </div>	Application Date:
Home Address:	Age:
City/State/Zip:	Date of Birth:
Home Telephone #: Cell #:	Gender: <div style="display: flex; justify-content: space-around; font-size: small;"> Male Female </div>
Email Address:	Marital Status: <div style="display: flex; justify-content: space-around; font-size: small;"> Single Married </div>
Permanent Mailing Address (if different from address above):	Passport Number: Expiration Date:
Health Insurance Company:	Insurance Policy Number:

If under the age of 18*:

Father/Guardian's Name: <div style="display: flex; justify-content: space-between; font-style: italic; font-size: small;"> <i>Last</i> <i>First</i> <i>Suffix</i> </div>	Phone Number:
Address/City/State/Zip:	
Mother/Guardian's Name: <div style="display: flex; justify-content: space-between; font-style: italic; font-size: small;"> <i>Last</i> <i>First</i> <i>Suffix</i> </div>	Phone Number:
Address/City/State/Zip:	

*anyone under 18 MUST be accompanied by a parent or guardian



Medical and Emergency Contact Information

Medical Information:

Do you currently take any medications that we need to be aware of? Please list:	
Do you have any allergies? Please list:	
Primary Physicians name and phone number:	

Emergency Contact Information:

Name:	
Phone:	
Email:	
Relationship:	

Assumption of Risk and Release of Liability, and Indemnity Agreement

ATTENTION: This form affects your legal rights; please read carefully.

In consideration of being allowed to volunteer and/or stay with Bold Hope

I, (Name) _____ agree that:

I, for myself, my heirs, personal representatives or assigns, **do hereby release, waive, discharge, and covenant not to sue** Bold Hope and any and all of its volunteers, employees, board members, contractors, partners, donors, and associates **due to any and all claims including the negligence of the group mentioned above**, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in The Activity.

ASSUMPTION OF RISK: Participation in The Activity carries with it certain significant, inherent risks that cannot be eliminated regardless of the care taken to avoid injuries.

The risks associated with The Activity include, but are not limited to: loss of property, serious bodily injury, death, kidnapping, being held for ransom money, mental or emotional trauma, and contraction of possibly fatal pathologies.

The risks include, without limitation, living and working in dangerous circumstances, with limited access to medical care and proper sanitation, working with or around dangerous equipment, which may break, fail, malfunction, or otherwise cause injuries.

The risks include, without limitation, riding in or on Bold Hope's vehicles (motorbikes, truck, car, modified school bus) or using transportation arranged by Bold Hope.

The Activity may take place in a seismically and politically unstable location where my safety cannot be guaranteed.

I am mentally sound and physically capable of volunteering with Bold Hope.

Bold Hope's projects are run by volunteers who may not have professional experience or professional-grade assessment abilities. It is my responsibility to be continually assessing possible risks as well as my own ability to perform the tasks offered to me, and it is my responsibility to expressly communicate any and all limitations and concerns I hold, as well as risks I am aware of. I have been briefed of the risks, with the understanding that every eventuality cannot be foreseen and warned against.

I also agree to **INDEMNIFY AND HOLD** Bold Hope **HARMLESS** from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement with Bold Hope and to reimburse them for any such expenses incurred.



SEVERABILITY: I expressly agree that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of Pennsylvania and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, *and understand that I am giving up substantial rights, including my right to sue.* I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

Name (print): _____

Signature: _____ **Date:** _____

IF YOU ARE UNDER THE AGE OF 18, A PARENT OR LEGAL GUARDIAN MUST SIGN THE ACKNOWLEDGEMENT ON YOUR BEHALF:

Name of Participant (print): _____

Name of Parent/Legal Guardian (print): _____

Signature of Parent/Legal Guardian: _____

Date: _____



Code of Conduct

As a member of a Bold Hope team, you are expected to conduct yourself according the following set of rules:

1. Respect the local people and their culture at all times; often we can offend deeply without having any intentions of doing so.
2. Be on time and attend all team meetings.
3. You may never go anywhere without another team member (except while you are at the hotel); in certain instances, females must be accompanied by at least one male. Make sure a leader is aware of your whereabouts at all times.
4. No inappropriate physical contact among team members or with the nationals.
5. Dress must be appropriate for local culture at all times.
6. Possession or use of illegal drugs is forbidden.
7. Regardless of the in-country legal drinking age, we do not allow trip participants under the age of 21 to drink alcohol.
8. Do not make promises to the locals or missionaries; this can lead to disappointment and bitterness. We have built trust and have developed long-lasting relationships that could be hurt by broken promises or misperceptions.
9. Do not give any gifts without first asking a Bold Hope staff member. Gifts create jealousy and dependence, while robbing people of their dignity. If you are feeling generous, please consider giving more towards the week-end tip or sponsoring a child.
10. The enormity of the need in the world can be overwhelming. If you desire to make a direct, lasting impact, please consider becoming a monthly ministry partner or sponsoring a child. We cannot accommodate unique sponsorship or gift requests.

I, the undersigned, understand that trips like this can be difficult and agree to adhere to the Code of Conduct. I understand that if I am unable to follow the rules I may be required to fly home early, at my own expense.

Name: _____

Signature: _____ Date: _____



Background Check

As the volunteer, you are responsible for completing the background check and then including the final document in your trip application packet.

If you are a Pennsylvania resident, please note the following instructions...

- Go to <https://epatch.state.pa.us/Home.jsp>
 - Click on yellow “New Record Check” (volunteer only)
 - Check off box under “Volunteer Acknowledgement Section”
 - Click “Accept”
 - Fill out required information
 - Click “Proceed”
 - Fill out required information
 - Click “Enter This Request”
 - Click “Finished”
 - Click “Submit”
 - Click the hyperlink under “Control #”
 - Click “Certification Form”
 - Print

NOTE: If you have a current completed background check, you may send that one in.

NOTE: If you live **outside of Pennsylvania**, please go through our account at Safe Hiring Solutions at the following link: <https://secure.safehiringsolutions.com/app.cfm?id=21A2A7A6-2384-4E38-8E9D-BD5A449A4294>

Thank you!

Child Abuse History Certification (Clearance)

For all Pennsylvania residents, per 2015 legislation enacted in the Commonwealth of Pennsylvania, as interpreted by the Pennsylvania Association of Nonprofit Organizations (PANO), please note the following regarding **YOUR RESPONSIBILITY** pertaining to Child Abuse History Certification (Clearance):

Bold Hope volunteers applying for their Child Abuse History Certification can apply, and if applicable, pay online at www.compass.state.pa.us/cwis. Applying for your Child Abuse History Certification online streamlines and expedites the application process and provides you with results electronically. We strongly encourage you to apply electronically and then submit your results as part of the completed Trip Application Packet.

Pennsylvania's Department of Human Services (DHS) will continue to accept paper applications for applicants who prefer to apply for their Child Abuse History Certification by paper. Please know that submitting a paper application takes additional time to process.

For individuals applying for their Child Abuse History Certification for **volunteer purposes, the fee has been waived and no payment is required.**

If you have any questions, please contact the DHS, Office of Children, Youth and Families at www.dhs.state.pa.us.

NOTE: If you have a current Child Abuse History Certification, you may send a copy of that one.

NOTE: If you live **outside of Pennsylvania**, please follow the non-resident Background Check instructions on the previous page. Thank you.