
SHARE MISSION INTL' INC. HEALTH/ EDU CAMP

SMI APPLICATION FORM

705 16TH Street
Denver, Colorado 80202

Phone: 650-919-3653
Fax: 303-573-8452

I am volunteering for Share Mission International (SMI) as a: _____ (position) in
Nepal, from: _____ (month/year) to _____ (month/year).

GENERAL INFORMATION

Name: _____ Occupation: _____
 Last First M.I.

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

E-mail address: _____

EMERGENCY CONTACTS (please provide two)

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Address: _____

Address: _____

Telephone:
(_____) _____

Telephone:
(_____) _____

PERSONAL INFORMATION

Date of Birth: _____

Sex: Female Male

Marital Status: _____

Citizenship: _____

Do you have a valid passport? Yes No

Passport #: _____

Country of Issue: _____

Expiration Date: _____

Have you ever been convicted of a serious offense for which you have not been pardoned? Yes No

If yes, please explain: _____

Have you ever had a professional license: Revoked
 Suspended
 Restricted

If yes, please explain: _____

WORK REFERENCES

1. Name: _____ Occupation/Position: _____
Last First M.I.

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Home Phone: (____) _____ Work Phone: (____) _____

E-mail address: _____

2. Name: _____ Occupation/ Position: _____
Last First M.I.

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Home Phone: (____) _____ Work Phone: (____) _____

E-mail address: _____

PERSONAL REFERENCES (PLEASE PROVIDE 2 PERSONAL REFERENCES)

1. Name: _____ Occupation/Position: _____
Last First M.I.

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Home Phone: (____) _____ Work Phone: (____) _____

E-mail address: _____

2. Name: _____ Occupation/ Position: _____
Last First M.I.

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Home Phone: (____) _____ Work Phone: (____) _____

E-mail address: _____

Along with your completed application, please provide SMI with the following items:

1. RESUME CONTAINING THE FOLLOWING INFORMATION:

****WE WILL NEED A COPY OF YOUR MEDICAL CERTIFICATE.**

- Education:
- Post-secondary, starting with most recent schooling
 - Degree(s) and areas of specialization
 - Dates, name and location of University or Institution
 - Any relevant courses or certificates
 - List of jurisdictions where currently licensed
- Work Experience:
- List last five years, starting with most recent
 - List major responsibilities
 - List supervisory or training roles
 - List any related work or volunteer experience
- Secondary Skills
- List any other skills you possess that you feel would be relevant to your work in Nepal

2. RELEASE OF LIABILITY

Please sign the attached “SMI Application Release of Liability, page 5 of this application

3. REFUND POLICY

Cancellation/Refund Policy:

<u>Date of Cancellation</u>	<u>Refund</u>
90 days prior to departure	100% of total payment is refundable, minus deposit and airline cancellation fees
60 days prior to departure,	75% of total payment is refundable, minus deposit and airline cancellation fees.
45 days prior to departure	50% of total payment is refundable, minus deposit and airline cancellation fees.
30 days prior to departure	NO REFUND , except for whatever refund we may get from the airline.
**If SMI cancels program	100% of total payment minus deposit and airline cancellation fees.

All cancellations must be submitted in writing. No refunds for cancellations within 5 days of departure.

Additional Policies: SMI reserves the right to refuse admission to or to expel anyone who is a danger to the environment, himself/herself, or others; who exhibits gross misconduct; or who is unable to safely or satisfactorily complete the service project.

I understand that there is a \$500 deposit/administrative fee to be a SMI volunteer. I also understand that this deposit is non-refundable in the case of cancellation. I agree to all of the refund terms stated above.

SMI Volunteer Signature

Date

SHARE MISSION INTERNATIONAL INC.
RELEASE OF LIABILITY

THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS, READ IT CAREFULLY.

I, _____ am aware that traveling, trekking, mountaineering and wildlife safari outside the United States and in the mountainous terrain of Nepal are hazardous activities and I am voluntarily participating in these activities with knowledge of the danger involved. I hereby agree and accept any and all risks of injury or death.

Please initial: _____

I agree that I will not sue, or otherwise make any claim against **SHARE MISSION INTERNATIONAL**, or any of its employees, agents, contractors or volunteers for any injury, loss or damage suffered as a result of my participation in **SHARE MISSION INTERNATIONAL**, regardless of whether such injury, loss or damage was caused, in whole or in part, directly or indirectly, by the action, negligence or otherwise by an employee, agent, contractor or volunteer of **SHARE MISSION INTERNATIONAL**.

I also hereby agree to release and discharge **SHARE MISSION INTERNATIONAL**, its employees, agents, contractors or volunteers from all action, claims or demands for myself, my family, my heirs or personal representatives for death, injury or damage resulting from my participation with **SHARE MISSION INTERNATIONAL**.

I AM OVER 18 YEARS OF AGE AND HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN SHARE MISSION INTERNATIONAL AND MYSELF AND/OR ITS EMPLOYEES, AGENTS AND VOLUNTEERS; AND I SIGN IT OUT OF MY OWN FREE WILL.

Signature

Date