

Volunteer Agreement

This Volunteer Agreement explains the arrangement between The Friends of Barnabas Foundation, Inc. (FOB) and you. We appreciate your volunteering with us and will do our very best to make your volunteer experience with FOB enjoyable and rewarding. The contributions of volunteers to the work of FOB is especially valued and respected.

SECTION ONE: THE ROLE OF THE FRIENDS OF BARNABAS FOUNDATION, INC

Your role as a volunteer on a FOB Mission Team begins upon the signing of this agreement and continues throughout the entirety of your team's trip to Honduras.

FOB commits to the following:

- To provide a Team Leader, who will
 - provide an introduction to the work of FOB, its staff, and your role as a volunteering;
 - explain the standards we expect for our services and encourage and support you to achieve and maintain them;
 - meet with and maintain contact with you regularly to discuss your mission trip;
- To provide transportation, food (not to include alcohol), and lodging in Honduras;
- To provide insurance coverage for all volunteers through United Methodist Volunteers in Mission to cover you while undertaking voluntary work approved and authorized by FOB.

SECTION TWO: THE ROLE OF THE VOLUNTEER

As an FOB Mission Team volunteer, you commit to:

- Adhere to all FOB policies and procedures outlined in the Team Member Handbook;
- Serve as a cohesive part of the mission team, fully participating in team meetings, fundraising, and participating as a supportive team member once in Honduras;
- Maintain a constant line of communication with your Team Leader from the time you sign this agreement until after the trip has been completed, acknowledging that this will require a minimum of reading emails from your Team Leader and the FOB Central Office staff and responding in a timely manner (typically within 24-48 hours);
- Acknowledge that joining a team of this type is a significant commitment and upon signing this agreement and paying a deposit, you have agreed to participate as a team member and serve with FOB in Honduras;
- Collaborate with your Team Leader to raise funds to purchase the medicines that are needed;
- Provide your Team Leader with all needed paperwork by the established due dates;
- Register with the US Embassy and complete forms from UMVIM, and complete Honduran Immigration Pre-check
- Perform your volunteering role to the best of your ability;
- Travel in a spirit of humility and service, with a genuine desire to learn more about and serve the Honduran people.

SECTION THREE: CODE OF CONDUCT

In order to maintain the integrity of FOB and for your protection as a participant, the following code of conduct must be followed at all times during your trip. As a team member on a FOB Mission Team, you must:

- Accept responsibility to represent Friends of Barnabas with dignity and cultural sensitivity;
- Be respectful at all times, not only of FOB staff members, your Team Leader, and other volunteers but also to those served by FOB;
- Exhibit professionalism, excellence, and compassion for those you serve;
- Abstain from and not tolerate physical or verbal abuse;
- Abstain from and not tolerate profane language, jokes, or gestures;
- Abstain from the use of tobacco in all communities and at the FOB complex;
- Adhere to the rules of your Team Leader in regard to the consumption of alcohol, recognizing that when it is allowed, you must be over the age of 21, drink in moderation, have the approval of the FOB Honduras Country Director, and pay for alcohol from personal funds, not team funds;
- Under no circumstances possess illegal drugs;
- Refrain from inappropriate public displays of affection.

Failure to comply with any component of this code, or participation in other inappropriate conduct as determined by the Team Leader or FOB Honduras Country Director, may lead to early departure at your expense.

SECTION FOUR: TERMS AND CONDITIONS FOR TRAVEL

- Total non-refundable payment of \$1,965.00 to Team Leader by set deadline. Payments can be made by check (*made payable to FOB*) or by credit card through FOB's website (*www.fobf.org*). All credit card payments MUST include the service fee of 3%.
- Payments include an airfare and insurance cost based on the average cost of flights for the first four teams. Should there be an excessive increase in the cost of flights for the remaining teams; FOB reserves the right to increase the individual payment amount to cover such an increase.
- No team member will be allowed to travel to Honduras with FOB if their full payment (\$1,965) is not received by the FOB Central Office at least TWO WEEKS before the DEPARTURE DATE.
- Travel arrangements made by The Friends of Barnabas Foundation, Inc. were made before you signed this agreement and any deviations, if allowed, will be paid at your expense along with an administration fee of \$150.00;
- Under no circumstances are volunteers permitted to make changes to their own flight schedules while in Honduras without the approval of the Team Leader, Honduras Country Director, and a representative from the US Central Office. Doing so can jeopardize the entire group reservation and is strictly prohibited.
- Individual airline reservations are not permitted (i.e. use of Frequent Flyer miles or other airline reservations);
- If a team member is not able to travel with the team after paying a portion or full payment, they may transfer their payment to a future team scheduled to travel within 6 months from the date of your originally scheduled team, otherwise the funds will be used to support other FOB programs.
- NO REFUNDS ARE OFFERED.**
 - *Friends of Barnabas is a 501(c)3 tax exempt organization. Donations made to FOB by you or on your behalf in honor of your mission trip are contributions to the organization and tax exempt to the fullest extent of the law. Because they are tax deductible, these gifts are non-refundable. Friends of Barnabas retains the right to redirect the funds to support your trip, or to a similar purpose if for any reason you are unable to travel. Donations given in excess of the minimum amount will be used to support FOB programs in Honduras. Please consult your tax advisor if you have questions.*

SECTION FIVE: AGREEMENT, INDEMNIFICATION, AND RELEASE OF CLAIMS

In consideration for being accepted as a volunteer on a Friends of Barnabas Mission Team and my participation as a volunteer, I, the undersigned hereby agree as follows:

- I hereby release, acquit, exonerate, and forever discharge Friends of Barnabas Foundation, Inc. and its affiliates, directors, officers, agents, volunteers, and employees (collectively, the "Released Parties") from any and all claims for personal injury (including death) and/or property damage which may occur during and/or as result of my participation as a volunteer on a Friends of Barnabas Foundation, Inc. Mission Team, whether or not any such personal injury or including death and/or property damage is caused in whole or in part by the negligence of the Friends of Barnabas Foundation, Inc. and/or by the negligence of any other Released Party.
- To the extent permitted by applicable law, I hereby covenant and agree to defend, hold harmless, and indemnify the Released Parties from and against any and all claims, demands, judgments, losses, damages, punitive damages, obligations, actions, causes of action, costs, expenses, attorneys' fees, and liabilities which any of the Released Parties may sustain, incur, or be required to pay, at any time after the date of this Agreement, whether or not any such Released Party was negligent, for personal injury (including death) and/or property damage in any manner arising in connection with (and/or as a result of) my participation as a volunteer on a Friends of Barnabas Foundation, Inc. Mission Team.
- This Agreement shall apply and shall be enforceable to the full extent permitted by applicable law; and if any provision of the Agreement is held or deemed to be unenforceable or void, the remaining provisions shall nevertheless continue in full force and effect.
- I further state that I am of lawful age and legally competent to sign this liability release. I understand the terms herein are contractual and not a mere recital and that I have signed this Agreement of my own free will and with the knowledge that I hereby agree to waive my legal rights.
- I understand and agree that I am not only giving up my right to sue the Released Parties but also any rights my heirs, assigns, or beneficiaries may have to sue the Released Parties resulting from my death. I further represent I have the authority to do so and that my heirs, assigns, or beneficiaries will be stopped from claiming otherwise because of my representations to the Released Parties.

SECTION SIX: SIGNATURE OF AGREEMENT

By signing below, I confirm that I have read, understand, and will abide by the Volunteer Safety and Security Policies and the Gift Giving Policy. ____*(initial)*

By signing below, I agree to all of the expectations listed in The Role of the Volunteer. ____*(initial)*

By signing below, I agree to abide by the Code of Conduct and understand that my trip participation is dependent upon my ability to adhere to this code. ____*(initial)*

By signing below, I confirm my understanding that any violation of any policies set forth by Friends of Barnabas during my trip is grounds for any and/or all of the following consequences:

1. Possible early departure at my expense.
2. Possible exclusion from any future trips with Friends of Barnabas. ____*(initial)*

By signing below, I agree to the Terms and Conditions for Travel and the Agreement, Indemnification, and Release of Claim. ____*(initial)*

Full Name of Team Member _____

Full Name of Legal Guardian (in cases of traveling minors) _____

SIGNATURE OF TEAM MEMBER _____ DATE _____

SIGNATURE OF LEGAL GUARDIAN _____ DATE _____
(If applicant is under 18 yrs. old)

SECTION SEVEN: PHOTO AUTHORIZATION/MEDIA RELEASE

I authorize Friends of Barnabas to use my name, picture, voice and/or testimony in any form of promotional or advertising materials. My enclosed signature (and/or the signature of my parent or legal guardian because I am under the age of 18) signifies my authorization. I further authorize FOB to use any pictures taken by me during the trip in marketing materials, unless I specify otherwise.

SIGNATURE OF TEAM MEMBER _____ DATE _____

SIGNATURE OF LEGAL GUARDIAN _____ DATE _____
(If applicant is under 18 yrs. old)

SECTION EIGHT: BACKGROUND INVESTIGATION AUTHORIZATION – COMPLETE ALL SECTIONS

(Please Read Carefully Before Signing) The personal information requested below is needed to process your background investigation. This information is intended solely for that purpose and will not be used in a discriminatory manner by the parties noted below in the making of appropriate business decisions.

I, _____, hereby authorize The Friends of Barnabas Foundation, Inc. and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Information Form and/or obtaining other information which may be material to my qualifications as a volunteer with The Friends of Barnabas Foundation, Inc.

I release The Friends of Barnabas Foundation, Inc. and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used. The following is my true and complete legal name and all information is true and correct to the best of my knowledge.

Signature: _____ Date: _____

Full Name of Applicant:	
First: _____ Middle: _____ Last: _____	
Other names that you have used, including maiden name and the date(s) your name(s) changed:	
First: _____ Middle: _____ Last: _____	
Race:	Gender: ___ Male ___ Female
Social Security #:	Date of Birth: (month/day/year)
Driver's License:	State of Issue:
Phone number where you can be reached if we have questions regarding this form:	
List all addresses for the past seven years, starting with the most recent: (Must include present address)	
Street Address: City: State: Zip Code: From Mo./ Yr: To Mo./ Yr:	

Street Address: City: State: Zip Code: From Mo./ Yr: To Mo./ Yr:	

Street Address: City: State: Zip Code: From Mo./ Yr: To Mo./ Yr:

Have you ever been convicted of a crime (Other than minor traffic offenses)? Yes ___ No ___

If yes, please explain charges: (Use additional sheet of paper if necessary)

What state, county, and year did these convictions occur?