Safe Sanctuary Form

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

Please read the following information and initial where appropriate. At the end, please sign and date and then mail to Amanda Reeves, Po box 748 West Plains, MO 65775 or scan and email to Amanda Reeves at haitigrace@outlook.com.

**Volunteer Covenant (initial on each blank)**\_\_\_\_\_ I acknowledge that I will be in a different culture where some common USA customs or behaviors may not apply or may even be offensive to Haitians; therefore, I will take care to be aware of my behavior and how it affects those around me.

\_\_\_\_\_ I commit to being flexible, patient, and pleasant. I will, at all times, exemplify strong morals and positive behavior in order to be a role model and influence those around me.

\_\_\_\_\_ I acknowledge that I am a guest working at the invitation of my hosts and will behave and respond as a grateful visitor, including eating what I am offered and participating with community activities as they are presented.

\_\_\_\_\_ I will remember that I have come to learn as well as teach. I’ll resist the temptation to inform our hosts about “how we do things.” I will be open to learning about other people’s methods and ideas in all areas of work, leisure, and religion.

\_\_\_\_\_ I will develop and maintain a servant attitude toward all Haitians, staff, fellow volunteers, team members, and other visitors to Notre Maison/St. Joe’s.

\_\_\_\_\_ I commit to respect all Notre Maison/St. Joe’s staff along with my supervisors and his/her decisions.

\_\_\_\_\_ I will refrain from gossip.

\_\_\_\_\_ I will refrain from complaining. I know that travel can present numerous unexpected and undesired circumstances, but the rewards of conquering such circumstances are innumerable. Instead of whining and complaining, I will be creative and supportive.

\_\_\_\_\_ I commit to being inclusive in my relationships and interact with all members of staff, short-term teams, guests, and fellow interns.

\_\_\_\_\_ I will refrain from any activity that can be construed as romantic interest in a national, teammate, volunteer, or fellow intern. I will not pursue any romantic relationship of any kind with anyone during this internship.

\_\_\_\_\_ I will abstain from illegal drugs as well as offensive and immodest dress and profanity during this internship.

\_\_\_\_\_ I realize that I will be living in the guest house with other volunteers, staff, and guests. I will treat them and my physical surroundings with the respect that is deserved.

\_\_\_\_\_ I agree to comply with the 10:00 p.m. curfew.

\_\_\_\_\_ I understand that I am here to serve and that I will be at all places in a timely manner.

\_\_\_\_\_ I commit to receiving permission first before allowing any personal visitors to come into the Notre Maison/St. Joe’s compound.

**Liability-Waiver and Release Agreement**

**Acknowledgement of Volunteer Status (sign and date at the end)**

I am volunteering for a trip to Port-au-Prince, Haiti, to serve as an intern at Notre Maison/St. Joe’s. I am offering my services knowingly and voluntarily, with no expectation or promise of nay form of compensation or remuneration, either directly or indirectly from Notre Maison/St. Joe’s. My motivation for providing such services is solely the personal satisfaction I may enjoy from helping those at Notre Maison/St. Joe’s. I am providing my services as a volunteer.

I am volunteering for this trip. I understand that I am not entitled to receive any wages or other benefits for my services. I am not covered by any workers’ compensation program in performing these services; and, if injured on this trip, I will not be entitled to workers’ compensation medical, death, or indemnity benefits.

Because I am volunteering for this trip, I understand that I am not covered by any medical insurance, life insurance, any other insurances or indemnity benefits in performing these services; and if injured in the course of the trip, I and my heirs and representatives, will not be entitled to medical insurance, life insurance, other insurance and indemnity benefits. I certify that I have sufficient health insurance to cover any bodily injury and/or bodily damage I may incur while in the course of this internship. If I have no insurance, I certify that I will personally pay for any and all medical expenses and liabilities.

**Release, Waiver of Liability and Indemnification**

I, on behalf of myself, my heirs, and other representatives, agree to indemnify and hold harmless Notre Maison/St. Joe’s, its officers, directors, agents, and employees, with respect to any claim asserted by me on my behalf as a result of injury, illness, damage, or death that may occur while en route to, or participating in, the internship program at Notre Maison/St. Joe’s.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_