



Fill out and email applications to:
Sabrina@1040i.org
Ph: 405- 366-1040

Or Mail to:
P.O. Box 721765
Norman, OK 73070

Impact Côte d'Ivoire

Impact Morocco

Date: _____

Personal Information

Name (as it is on your passport): Last _____ First _____
Middle _____ Preferred Name: _____
Spouse's Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Email: _____

Female Male Date of Birth: _____ Shirt Size: Sm Md Lg XL 2XL

Citizenship: _____ Passport No.: _____ Expiration Date: _____

How did you hear about 1040i? _____

Occupation & Skills (Please list your current occupation and any skills relating to it or additional skills outside of occupation. If you have a medical background, please give *specific* information regarding your experience, training and skills.):

Do you and your physician consider you physically & emotionally fit for international service? Yes No

Cross-Cultural Experience

If you have international experience, please list the country, date, and what you did. _____

Please list language(s) you speak and indicate (B) Beginner, (I) Intermediate or (F) Fluent.

References

Please provide information below on three persons to whom we can send a reference form. (No family members.)

NAME	RELATIONSHIP	ADDRESS	PHONE	EMAIL
1.				
2.				
3.				

Applicant's Statement of Health Responsibilities and Risks

I am applying for consideration as a volunteer with The 1040 Initiative (hereafter referred to as 1040i). In connection with volunteering for this service, I have or will discuss with the staff of 1040i the health care responsibilities I will have and the health care risks I may face.

I understand certain dangers resulting from my travel in the pursuit of voluntary service are unforeseeable, such as, but not limited to, illness without access to adequate medical facilities; political unrest resulting in injury, imprisonment, or death; accidents; and hostilities resulting in kidnapping or being unable to return to home. I understand this list of dangers is not comprehensive.

I understand such dangers are beyond the control of 1040i, but still desire to volunteer my services. I recognize the policies of 1040i prohibit intervention on my behalf should hostage-taking or a kidnap-for-ransom situation arise. I understand 1040i will not pay any amount to remedy my situation should this occur, including the payment of ransom or bribes.

I understand many United States insurance policies do not cover individuals outside the United States and I am responsible for and will secure medical insurance to cover my activities on the trip, hospitalization or evacuation.

I understand traveling, living, and working abroad may present health risks through illness or accident greater than those I may encounter in the United States. I know access to effective medical care may be difficult abroad. I assume the responsibility to familiarize myself and talk with my personal physician regarding the risks attendant upon traveling, living, and working in the areas to which I will be going.

I also understand I must take reasonable steps to minimize foreseeable risks to my health, and that of others, by taking necessary precautions before and while traveling, living, and working abroad. I will adhere to the health and safety practices, policies, and precautions in any community I join or visit. I will be responsible for taking a sufficient quantity of needed medications on the trip. I understand prescriptions must be in their original container to avoid problems at customs.

I realize there are health risks that can be encountered overseas including, among others, the risks of contracting Hepatitis and Acquired Immune Deficiency Syndrome (AIDS). I am aware AIDS can be contracted through bodily fluids.

Electronic Signature: _____ Date: _____

Applicant's Emergency Contacts

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Email: _____ Relationship _____

Insurance Beneficiary, if different than above: (Name, Relationship, Address, Phone, DOB)

Applicant Checklist

If any of the below information is not included in the application it will be considered incomplete. Incomplete applications will NOT be accepted. We do however, understand that some of you may not have a passport or know your blood type at this time. Please note this in the appropriate locations.

Mail to: 1040i, PO Box 721765, Norman, OK 73070 or Email to: Sabrina@1040i.org

Signature on page 2 - Applicant's Statement of Health Responsibilities and Risks

Signature on page 3

Emergency Contact Information

Medical History Completed

Release and Waiver of Liability – Signed and notarized

Instructions in Event of Death Overseas – Signed and notarized

Include a non-returnable photograph of yourself or email your picture to Sabrina@1040i.org

Include a photocopy of your passport or email it to Sabrina@1040i.org. If you do not have a passport, you will need obtain one prior to the booking of your air travel.

The statements I have given above and in all supporting documents are true and express my desire to serve as a volunteer with The 1040 Initiative.

I hereby authorize 1040i to correspond with and seek information about me from the provided references and any other persons 1040i feels would be of assistance in evaluating me as an applicant for international volunteer service. I understand 1040i will review my application and all supporting documents and information to make its decisions regarding appointment. I agree the information on this application may be shared with 1040i staff and 1040i partners during the placement process.

I understand if I am appointed for volunteer service by 1040i, I will serve subject to the authority of 1040i to regulate the terms of my service and to terminate my service at any time. I also have the right to terminate my service if I deem it necessary. I will support the project as well as carry out the policies and programs of 1040i, abide by its rules and decisions, and cooperate with its board of directors and staff, as well as with international partners.

I have read, understood, and agree to abide by all the statements on this application and have provided truthful and accurate information in response to the questions, to the best of my knowledge.

Electronic Signature: _____

Date: _____

1040i MEDICAL HISTORY FORM

Today's Date: _____

NAME (Last, First, MI): _____

Date of Birth: _____

Height: _____ Weight: _____

ALLERGIES (Bite/Stings, foods, medicines): _____

CURRENT MEDICATIONS (Prescription & Over-the Counter): _____

HAVE YOU EVER HAD OR DO YOU NOW HAVE: (Yes answers must be explained at the end of the form.)

YES NO

Tuberculosis
Lived with someone who had tuberculosis
Coughed up blood
Asthma or any breathing problems
Shortness of breath
Wheezing or problems with wheezing
Been prescribed or used an inhaler
A chronic cough or cough at night
Sinusitis
Hay fever
Chronic or frequent colds
Thyroid trouble or goiter
Eye disorder or trouble
Ear, nose, or throat trouble
Loss of vision in either eye
Worn contact lenses or glasses
A hearing loss or wear a hearing aid
Arthritis, rheumatism, or bursitis
Recurrent back pain or any back problem
Numbness or tingling
Loss of finger or toe
Foot trouble
Impaired use of arms, legs, hands or feet
Swollen or painful joint(s)
Knee trouble
Arthroscopy or use of a scope on any bone or joint

HAVE YOU EVER HAD OR DO YOU NOW HAVE:

YES NO

Any need to use corrective devices such as prosthetic devices, knee brace(s), back support(s), lifts or orthotics, etc.

Bone, joint or other deformity

Plate(s), screw(s), rod(s) or pin(s) in any bone

Broken bone(s) (cracked or fractured)

Adverse reaction to serum, food, insect stings or medicine

A recent unexplained gain or loss in weight

Currently in good health

Tumor, growth, cyst or cancer

Dizziness or fainting spells

Frequent or severe headaches

A head injury, memory loss or amnesia

Paralysis

Seizures, convulsions, epilepsy or fits

Car, train, sea or air sickness

A period of unconsciousness or concussion

Meningitis, Encephalitis or neurological problems

Rheumatic fever

Prolonged bleeding

Pain or pressure in the chest

Palpitation, pounding heart or abnormal heart beat

Heart trouble or murmur

High or low blood pressure

Nervous trouble of any sort

Loss of memory or amnesia, or Neurological symptoms

Frequent trouble sleeping

Depression or excessive worry

Been evaluated or treated for a mental condition

Attempted suicide

Used illegal drugs or abused prescription drugs

Frequent indigestion or heartburn

Stomach, liver, intestinal trouble or ulcer

Gall bladder trouble or gallstones

Jaundice or hepatitis (liver disease)

Rupture/hernia

Rectal disease, hemorrhoids or blood from rectum

Skin disease

Frequent or painful urination

High or low blood sugar

Kidney stone or blood in urine

Sugar or protein in urine

Have you been refused employment or been unable to hold a job or stay in school because of:

Sensitivity to chemicals, dust, sunlight, etc.

Inability to perform certain motions

Inability to stand, sit, kneel, lie down, etc.

FEMALES: Treatment for a gynecological disorder

A change of menstrual pattern

Any abnormal PAP smears

HAVE YOU EVER HAD OR DO YOU NOW HAVE:

YES NO

Have you ever had, or have you been advised to have any operations or surgery? (If yes, describe and give age at which occurred.)

Have you consulted or been treated by clinics, physicians, healers, or other Practitioners within the past 5 years for OTHER THAN MINOR ILLNESSES?

Have you ever had any illness or injury other than those already noted?

Blood Type _____

EXPLANATION OF "YES" ANSWERS: _____

Please attach any additional information you may feel necessary

THE 1040 INITIATIVE RELEASE AND WAIVER OF LIABILITY
(Must be notarized)

This Release and Waiver of Liability (the "Release") is executed freely and voluntarily in favor of The 1040 Initiative, Inc. ("1040i"), its board of trustees, and employees.

I understand my involvement and participation in the activities and work of The 1040 Initiative may include, but may not be limited to, traveling to and from other countries, traveling to and from cities and towns outside the United States of America, consuming the food and living in those accommodations available in the locations of whatever project 1040i may provide, and living and working in cultures and with people whose living conditions, social practices and values, as well as attitudes toward foreigners may be significantly different from those in my home country and culture.

I, as evidenced by my signature below, release and forever discharge The 1040 Initiative, its director, board of directors, officers, and employees from any and all liability which arise from my participation in the activities of 1040i, whether from travel, bodily injury, illness, civil unrest, terrorism or otherwise.

I hereby authorize the administration of first-aid and/or emergency medical treatment rendered to me during my involvement and participation with 1040i. I hereby release and discharge 1040i from any claim which arises on account of any first-aid treatment or other medical services rendered to me in connection with an emergency or health problem during my participation with 1040i.

I understand and accept the policy of The 1040 Initiative to not pay ransom demands to kidnappers. In addition to the foregoing, I hereby consent to and acknowledge that in the event of death abroad, my body will be buried on the field unless a written, notarized statement is filed with 1040i by a family member indicating his or her willingness to bear any and all expenses, including but not limited to shipping and embalming of the body.

I hereby release 1040i and its agents and assigns all rights, for all purposes, in any photos or videos or images of myself, including any type of depiction or portrayal of me or my likeness or my voice as well as any type of reproduction or iteration of such images or depictions or portrayals; and I release and waive any claims, future or present, known or unknown, that might arise against The 1040 Initiative, Inc. and its agents and assigns, to the extent that such claims are related in any way to such photos, videos, images or depictions of myself.

This Release and Waiver of Liability shall be subject to and governed by the laws of the State of Oklahoma. I consent to the jurisdiction of the applicable courts in Cleveland County, Oklahoma.

BY MY SIGNATURE BELOW, I AM EXPRESSLY DECLARING THAT I HAVE READ THE FOREGOING, AND THAT I UNDERSTAND AND ACCEPT THE TERMS OF THIS RELEASE AND WAIVER OF LIABILITY.

Signature of participant, _____

Date: _____

Participant's name (printed): _____

If participant is a minor (under the age of 18), the parent or legal guardian must also sign:

I HAVE READ AND UNDERSTAND THIS WAIVER AND RELEASE.

Date: _____

Signature of Parent/Legal Guardian

STATE OF _____)
COUNTY OF _____)

My commission expires _____.

Notary Public

INSTRUCTIONS IN THE EVENT OF DEATH OVERSEAS
(Must be notarized)

Statement of participant

By my signature below, I acknowledge I understand the policy of The 1040 Initiative in the event of my decease while overseas as a participant in the work of 1040i that my body will be buried on the field unless this written, notarized statement is filed with 1040i declaring the responsibility of my family or other designated person for the costs of embalming and shipping my remains back to the US.

Mark one of the following statements:

☐ I hereby give my consent to my body being buried on the field according to my understanding and acceptance of the aforementioned statement of The 1040 Initiative.

☐ I hereby request not to be buried in the country of death and I hereby request the return of my body and/or the body of any member of my family to the United States of America should death occur in any foreign country. I recognize that the expense for embalming and shipping of the body shall be that of my family. ***Please contact the person named below who shall represent my family in their responsibility for the return of my remains: (this must be a family member and not the person going on the trip)***

Person responsible for expenses: Name _____

Address: _____

City, State, Zip Code: _____

Telephone: _____

Signed (Team Member), _____ Date: _____

Name (printed): _____

If the body is to be returned to the US, the following must also be completed:

Statement of person responsible

By my signature below I understand that in the event of the death of _____ while participating overseas in the work of The 1040 Initiative, the 1040 Initiative is not responsible for the costs of embalming and shipping the body to the US. I declare that I assume responsibility for those costs.

Signature of person responsible: _____ Date: _____

Name (printed): _____

STATE OF _____)
COUNTY OF _____)

Notary Public

My commission expires _____.

VOLUNTEER AGREEMENT

This document is not intended to be a legally binding contract between us and it may be cancelled at any time by either 1040i or you.

1. You are a volunteer. This means that, if you accept the role of volunteer, you perform all duties on a voluntary basis and you will not receive remuneration or payment for your work, other than reasonable reimbursement of expenses. Neither 1040i or _____ (volunteer) intend any employment or contractual relationship to be created (i.e., you are not an employee, independent contractor or consultant of 1040i). Volunteer agrees to donate services to charity. Said services shall include those given by the supervisor designated by 1040i. It is mutually and expressly understood that volunteer services shall be donated, and that said volunteer is not entitled to nor expects any present or future salary, wages, or other benefits for those voluntary services.
2. What you can expect when volunteering for 1040i. 1040i values its volunteers and will endeavor to provide you with:
 - a. Orientation and any training necessary for the volunteer role
 - b. A safe environment in which to perform your role
 - c. Respect for your privacy, including keeping your private information confidential
 - d. A supervisor, so that have the opportunity to ask questions and get feedback
3. What 1040i asks of its volunteers? We ask that you:
 - a. Support 1040i aims and objectives
 - b. Participate in all relevant orientation and training programs
 - c. Only undertake duties you are authorized to perform and always operate under the direction and supervision of nominated staff and obey reasonable directions and instructions
 - d. Understand and comply with the organization's policies and procedures including, but not limited to health and safety, privacy and confidentiality policies
 - e. Notify your supervisor or another member of staff of any health and safety issues or potentially hazardous situations that may pose a risk to you or others and report any accidents or incidents relating to staff, volunteers, or the workplace
 - f. Behave appropriately and courteously to all staff, clients and the public in the course of your role
 - g. Use any property or equipment given to you in your role safely and only for purpose of the role and return it to the organization when you finish your volunteer role
 - h. Comply with all relevant law at all times
 - i. Be open and honest in your dealings with us and let us know if we can improve our volunteer program and the support that you receive
 - j. If you are unsure whether a particular task or work is authorized, please do not hesitate to talk to your supervisor

4. The health and safety of you and others, the safety of all volunteers, and the safety of everyone who is involved in our organization is a priority.
5. Volunteer further agrees that volunteer will fully cooperate with 1040i and its agents in any investigation, lawsuit, arbitration, or any other legal or quasilegal proceeding that arise from the matters covered by this agreement. Volunteer further agrees to notify the charity immediately of any incident that occurs or may occur within the knowledge of the volunteer, which gives rise to liability on the part of the volunteer of 1040i.

I understand that my volunteer assignment will begin on _____ and end on _____. I also understand that my volunteer assignment may be terminated at any time by either party to this agreement.

Choosing to volunteer for 1040i requires signing this agreement.

Signature

Date (MM/DD/YYYY)