



VOLUNTEER FINANCIAL RESPONSIBILITY

Below is a list of the expenses that each volunteer will incur and be responsible for during their planned travel and stay at the project – God’s Helping Hands. If you have any additional questions, please call (509)528-4131

TRAVEL AND PRE-TRIP EXPENSES

- ❖ Vaccines are optional but there are a few recommend including Tetanus Toxoid and Hepatitis A & B.
- ❖ International round-trip air fare.
- ❖ Transportation from GUA airport to Clinic - 2 options:
 - Roundtrip domestic airfare between La Aurora International Airport (Guatemala City) and Mundo Maya International Airport (Santa Elena). Approximate cost \$120 - \$200 USD with a 40-minute flight time. The clinic is located approximately 2 hours from the airport. If notified in advance the clinic can schedule transportation for \$20.00. There are local buses, which cost \$7.00 and arrive in Poptun. From Poptun the clinic will arrange your pickup for free.
 - The bus company Cristobal Colon costs \$27.00-\$30.00. The station is located at 16 Calle 10-03, Zona 1 city of Guatemala, tel. 2415 8900, The bus arrives at Poptun, Petén where someone from the clinic will arrange to pick you up for free.
- ❖ It is recommended that each individual have their own international health insurance policy.
 - A Volunteer Card can be purchased at a low cost of \$10 dollars, which last for 6 months (511 E. Travelers Trail, Burnsville, MN 55337 (877) 865-6877 | (952) 886-7646)
- ❖ Property insurance is recommended if you bring expensive electronic equipment such as a camera, laptop, etc. We are not responsible for theft whether inside or outside the camp.
- ❖ Approximate budget for monthly expenses is around \$150.00 USD. This budget would include food, personal products, transportation and communication.
- ❖ The project currently provides lunch Monday through Friday. Sabbath lunch is often provided either at the church or in the project’s cafeteria. This will be on a case by case basis.
- ❖ After the initial tourist visa (90 days) runs out it is necessary to make a departure from the country to access additional time. This will cost approximately \$100.

RELEASE OF LIABILITY

This is a legal document, which includes a Release of Liability from Manos Ayudadoras (GOD'S HELPING HANDS) ONG, located in Machaquila, Poptun Petén Guatemala C.A.

Upon acceptance to participate as a volunteer with Manos Ayudadoras in Guatemala from (dates) _____, it is my understanding that I or my family may experience any of the unforeseen events below:

- 1) I understand that international travel involves danger and risk, I recognize that the dangers and risks include, but are not limited to, the dangers of travel; illness or injury in areas where medical assistance is required, may be primitive or inadequate, unavailable or not readily available, and/or where there is no rapid evacuation or where there is exposure to delinquency, civil unrest and forces of nature or other hazards.
- 2) I attest and certify that I am physically fit and do not have any medical condition that prevents me from performing my assigned tasks, which may include long walks, sun exposure, limited meals, and infrequent meals when we are not within the facilities of Manos Ayudadoras ONG.
- 3) I am aware of and accept the risks of illness associated with foreign travel.
- 4) I understand that while traveling or residing in Guatemala, I will be subject to the laws, rules and regulations of the law, law enforcement procedures in Guatemala. Any violation of such laws could result in my detention or otherwise involvement with local law enforcement authorities.
- 5) I understand that if my conduct during or outside of the required program activities presents a danger to others during my time of service, the administrators of the Ministry reserve the right to take appropriate measures to protect the mission and its administrators and participants from further disruption.
- 6) I understand that Manos Ayudadoras does not provide any medical or travel insurance during my volunteer stay. Therefore, I am responsible for the purchase of medical and travel insurance if I so desire.
- 7) If any emergency medical procedure or treatment is required during my mission service, I give my consent to the supervisor(s) or administrator of the organization at that time consenting to such procedures or treatment as may be necessary.
- 8) I agree to pay the costs of any procedure or medical treatment that may occur during my time of service, bearing in mind that Manos Ayudadoras Ministry has a Sanctuary within its facilities, where I may be provided basic health services, (general basic medical consultation) first hand medications, everything that includes medications or studies outside its facilities will be at my own expense

HAVING UNDERSTOOD AND ACCEPTED ALL OF THE FOREGOING, I AGREE TO RELEASE ALL RESPONSIBILITY FROM THE NGO MANOS AYUDADORAS. AND ALL OF ITS OFFICERS, EMPLOYEES AND AGENTS, FROM ANY AND ALL LIABILITY, ACTIONS, CAUSES OF ACTIONS, DEBTS, CREDITS AND DEMANDS OF EVERY KIND AND NATURE, AND IN PARTICULAR INCLUDING ANY CLAIM FOR NEGLIGENCE OR NEGLIGENT ACTS, WHICH I NOW HAVE OR WHICH MAY ARISE OUT OF OR IN CONNECTION WITH MY TRAVEL OR PARTICIPATION IN THIS MISSIONARY ACTIVITY. THE TERMS OF THIS DOCUMENT SHALL SERVE AS A RELEASE, INDEMNIFICATION AND ASSUMPTION OF RISK FOR MY HEIRS, EXECUTORS, AND ADMINISTRATORS AND FOR ALL MEMBERS OF MY FAMILY, INCLUDING MINORS ACCOMPANYING ME.

Before signing this document, I have had the proper opportunity to read and understand it. I have had the opportunity to ask questions about it, and all the questions I have had have been answered to my satisfaction.

Applicant's Name _____

Signature of Applicant _____

Name of Witness:

Witness Signature: _____

Date: _____

Read it carefully before signing.

Note: _____
