

ROWAN

Rural Orphans and Widows AIDS Network

Volunteer Application and Consent Forms

Volunteer Application Requirements:

1. Complete, sign and submit a 'Volunteer Applicant Details' for ROWAN approval, section 1 of this application.
2. Sign and return 'ROWAN Purpose and Condensed Statement of Faith', section 2 of this application.
3. Sign and return 'ROWAN Code of Conduct' section 3 of this application.
4. Sign and return 'ROWAN Volunteer Release Form', section 4 of this application.
5. Sign and return 'Travel Insurance Affidavit' to ROWAN, section 5 of this application.

I acknowledge that I have read and understand all of the above mentioned documents and requirements for serving as a ROWAN volunteer.

Mail completed application with your signatures to:

ROWAN
P.O.Box 1318
Kremmling, CO 80459

Signature of Applicant _____ Date _____

ROWAN Volunteer Application, Section 1, ROWAN Applicant Details

Volunteer Position Sought: _____

Estimated Beginning and Ending dates of your planned trip (if you know):

Today's Date: MO ____/DAY ____/YEAR ____

What is your PASSPORT expiration date)? MO ____/DAY ____/YEAR ____

Print your Full Name as it appears on your PASSPORT:

Date of Birth: MO ____/DAY ____/YEAR ____

Marital Status: _____

Home Address: _____

Mail address (if different): _____

Email: _____ Primary Phone: _____

Circle one: ☐ Home ☐ Cell ☐ Work Best Time to call you: _____

EDUCATION

Highest Level of Education: _____

Specialty/Concentration, if applicable: _____

Current School, if applicable: _____ Grade/

Year: _____

EMPLOYMENT

Current Employer and address, if applicable:

Position/Title: _____

Dates of Employment: ____/____/____ to ____/____/____

Last Employer/Company and address: _____

Would you like us to keep your employer abreast of your volunteer service and achievement? ☐ Yes ☐ No Employer's Email: _____

BACKGROUND

What skills, talents, and abilities will you bring to the project? (i.e., experience with children, construction, a love for teenagers, teaching abilities)

I have experience in the following:

<input type="checkbox"/> Administration/Finance	<input type="checkbox"/> Audio/Visual	<input type="checkbox"/> Computer Skills
<input type="checkbox"/> Coaching Sports	<input type="checkbox"/> Art Work	<input type="checkbox"/> Construction
<input type="checkbox"/> Leading Group Games	<input type="checkbox"/> Drama	<input type="checkbox"/> Counseling/Mentoring
<input type="checkbox"/> Leading Music	<input type="checkbox"/> Journalism	<input type="checkbox"/> Plumbing
<input type="checkbox"/> Photography/Video	<input type="checkbox"/> Teaching	<input type="checkbox"/> Advocating
<input type="checkbox"/> Supervising Projects	<input type="checkbox"/> Singing	<input type="checkbox"/> Working with Children
<input type="checkbox"/> *Foreign Languages	<input type="checkbox"/> *Medical	<input type="checkbox"/> Playing an Instrument

Special Training, Skills, Hobbies not included above:

Foreign Language(s) Spoken, if any: _____

Groups, Clubs, Church, Organizational Memberships: _____

Please briefly describe your prior volunteer experience (include organization names & dates of service): _____

List experiences or training you have had that prepared you to work with the orphans and widows, or ROWAN in general. _____

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Rural Orphans and Widows AIDS Network

What do you want to gain from this volunteer experience? _____

What training, resources, or support do you anticipate needing to do this volunteer work?

Have you ever traveled to a different culture? If so, where and when?

Do you believe you can willingly adapt to different/difficult living conditions (i.e. different language, food, culture, and bathroom facilities)?

Have you ever been convicted of a crime? [If so, please explain the nature of the crime and the date of conviction & disposition.]

REFERENCES

Please list three people who know you well and can attest to your character, skills and dependability. Please include your current or last employer.

Name/Organization	Relationship to You	Phone	Length of Relationship
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1. _____			
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2. _____			
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3. _____			
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EMERGENCY INFO

In case of an emergency, please contact:

Name: _____ Relationship: _____

Phone: (w) _____ (h) _____ Email: _____

List any medical information we should know, in case of emergency (allergies, medications, etc): _____

Do you have any physical/health limitations or any special dietary needs?

If yes, please explain. __ Yes __ No Explain _____

INFORMATION NEEDED FOR VISA

Marital Status: _____ Name of Spouse: _____

Last Five Countries Visited: _____

Yellow Fever Vaccine/Card: ____ Yes ____ No

*Please attach a passport size photo and a copy of your yellow fever vaccine card when you have it

AVAILABILITY

When are you available to volunteer? _____

FUTURE PLANS

What are your hopes and dreams for the future? _____

PERSONAL TESTIMONY:

On a separate sheet of paper, please share your personal testimony of your how you came to know Jesus, your faith journey and how the Lord lead you to this next step of serving in Uganda.

SIGNATURE

I hereby certify that the above information is true to the best of my knowledge.

Signature of Applicant _____ Date _____

ROWAN Volunteer Application, Section 2, ROWAN Purpose and Condensed Statement of Faith

Statement of Purpose:

Rural Orphans & Widows AIDS Network, Inc., here after, referred as ROWAN, is a non-denominational, Christian, non-profit organization, serving the orphans and widows of rural Uganda, affected and infected by the AIDS epidemic.

Condensed Statement of Faith:

We believe in Jesus Christ as our Lord and Savior; that the Bible, both Old and New Testaments, is the inspired and infallible Word of God. We believe that there is one God, eternally existent in three persons: Father, Son and Holy Spirit. We believe in the deity of our Lord Jesus Christ, His virgin birth, His sinless life, His miracles, His vicarious and atoning death through His shed blood, His bodily resurrection, His ascension, the presence and power of the Holy Spirit, and His personal and eminent return in power and glory.

It is understood that by signing the 'ROWAN Statement of Faith' that this shall govern the beliefs and practices of all ROWAN activities.

Signature of Applicant _____ Date _____

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Rural Orphans and Widows AIDS Network

ROWAN Volunteer Application, Section 3, ROWAN Code of Conduct

As volunteers for ROWAN, we represent the Christian community and our Lord Jesus Christ. For this reason, we strive to behave in a manner consistent with the instruction presented in God's Word, the Bible. Individually, and as a group, we should remember that when we visit any establishment it is our responsibility to learn its rules and comply with them. Through this demonstration of self-government we will foster good relationships with the community. With this in mind, we present these guidelines. Please take time to prayerfully read and understand these Bible verses. If you would like to talk to our staff about how to know Jesus Christ as your Savior and Lord, or to discuss the meaning of any of these Bible verses, please call our U.S. office at **(970) 724-7140** and it will be our joy to speak with you.

1. Have respect for authority, whether that is the pastor of a local church, government and its laws, community leaders, or a leader of a ROWAN event (1 Peter 2:13-17; Romans 13:1).
2. Have an attitude of compassion for the differences, needs or disabilities of others, speaking with kindness toward one another (Matthew 7:12; James 2:1-9; Galatians 5:22-23).
3. Act and speak in a manner worthy of the God who calls you. Unkind remarks, profanity, course jokes, conversation involving occult or sexual situations or other language unbecoming of a Christian is unacceptable at ROWAN events (1 Timothy 5:1-3; 1 Thessalonians 2:12; Ephesians 4:1 & 5:4).
4. It is important to respect the wishes, property and culture of those we are visiting, not causing an offense (1 Corinthians 8:7-13; Philippians 2:3-4; Romans 12:17b).
5. Do no harm to the helpless. Widows and orphans figure prominently in the Bible and are close to God's heart. Those who harm the helpless are cursed by God, but those who help them are blessed by God (Deuteronomy 24:17; 27:19; Psalms 10:12-18; Job 29:12-17; James 1:25-27).

I have read and understand the ROWAN Code of Conduct and I agree agreement to comply or I may be immediately removed as a ROWAN volunteer.

Signature of Applicant _____ **Date** _____

ROWAN Volunteer Application, Section 4, ROWAN Volunteer Release Form

PLEASE COMPLETE THE FOLLOWING INFORMATION

TODAY'S DATE: _____ ACTIVITY: ROWAN Volunteer in Uganda

AGE: _____ D.O.B.: _____

FULL NAME: _____

ADDRESS: _____

MAIL: (if different) _____

PHONE: _____ E-MAIL: _____

EMERGENCY CONTACT NAME/RELATION/PHONE _____

I ACKNOWLEDGE THAT BY SIGNING THIS DOCUMENT, I AM ASSUMING RISKS, AND AGREEING TO INDEMNIFY, NOT TO SUE AND RELEASE FROM LIABILITY THE ORGANIZER OF THIS EVENT AND RURAL ORPHANS & WIDOWS AIDS NETWORK, INC. (ROWAN), ITS ASSOCIATIONS AND THEIR RESPECTIVE AGENTS, EMPLOYEES, VOLUNTEERS, MEMBERS, CLUBS, SPONSORS, PROMOTERS AND AFFILIATES (COLLECTIVELY "RELEASEES"), AND THAT I AM GIVING UP SUBSTANTIAL LEGAL RIGHTS. THIS RELEASE IS A CONTRACT WITH LEGAL AND BINDING CONSEQUENCES AND IT APPLIES TO ALL VOLUNTEER ACTIVITIES, INCLUDING MISSIONS TRIPS, FUNDRAISERS, REGARDLESS WHETHER OR NOT LISTED ABOVE. I HAVE READ IT CAREFULLY BEFORE SIGNING, AND I UNDERSTAND WHAT IT MEANS AND WHAT I AM AGREEING TO BY SIGNING. I ACKNOWLEDGE THAT TRAVEL OUTSIDE THE UNITED STATES IS AN INHERENTLY DANGEROUS ACTIVITY AND FULLY REALIZE THE DANGERS, AND I FULLY ASSUME THE RISKS ASSOCIATED WITH SUCH PARTICIPATION. For myself, my heirs, executors, administrators, legal representatives, assignees, and successors in interest (collectively "Successors") **I HEREBY WAIVE, RELEASE, DISCHARGE, HOLD HARMLESS, AND PROMISE TO INDEMNIFY AND NOT TO SUE** the Releasees and all sponsors, organizers, property owners, and properties that are in any manner connected with this event, and their respective agents, officials, and employees through or by which the event will be held, (the foregoing are also collectively deemed to be Releasees), **FROM ANY AND ALL RIGHTS AND CLAIMS INCLUDING CLAIMS ARISING FROM THE RELEASEES' OWN NEGLIGENCE TO THE MAXIMUM EXTENT PERMITTED BY LAW**, which I have or which may hereafter accrue to me and from any and all damages which may be sustained by me directly or indirectly in connection with, or arising out of, my participation in or association with this event, or travel to or return from this event. I certify that I have no physical or medical condition which would endanger myself or others if I participate in this event, or would interfere with my ability to safely participate in this event. I agree, for myself and my Successors, that the above representations are contractually binding, and are not mere recitals, and that should I or my Successors assert a claim contrary to what I have agreed to in this contract, the claiming party shall be liable for the expenses (including legal fees) incurred by the Releasees in defending the claims. This contract may not be modified orally, and a waiver or modification of any provision shall not be construed as a waiver or modification of any other provision herein or as a consent to any subsequent waiver or modification. I consent to the release by any third party to Releasees and their insurance carriers of my name and medical information that may relate solely to any injury or death I may suffer arising from the event. Every term and provision of this contract is intended to be severable. If any one or more of them is found to be unenforceable or invalid, that shall not affect the other terms and provisions, which shall remain binding and enforceable.

I have read and understand the above contract.

Signature of Applicant _____ **Date** _____

**ROWAN Volunteer Application, Section 5,
ROWAN Travel Insurance Affidavit**

I am responsible for the purchase of proper travel health insurance for the duration of my trip with ROWAN. I will send all travel insurance information to ROWAN for their files.

Signature of Applicant _____ **Date** _____