



**Reformed Church in America**  
4500 60th Street SE  
Grand Rapids, MI 49512  
1.800.968.3943 or 1.616.698.7071  
Fax: 1.616.698.6606

**TRAVELER /VOLUNTEER  
AGREEMENT, RELEASE, INDEMNITY AND INFORMATION FORM**

***This document provides important information for the RCA's Mission Volunteer Program and those who are responsible for leading work and travel groups. It also may affect certain rights of the Traveler/Volunteer. Consequently, read and complete it carefully, and consult with others if you have any questions regarding it.***

**Travel Destination/Volunteer Worksite Location:** \_\_\_\_\_

**Dates of Travel/Volunteer Work:** \_\_\_\_\_

**Part 1. General Information Regarding Traveler/Volunteer**

Name: \_\_\_\_\_  Male  
 Female

Street Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Phone(s): \_\_\_\_\_ Email Address: \_\_\_\_\_

Church Membership (Name, City, State/Province): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Part 2. Parent/Guardian Information** *(Only complete this part if the Traveler or Volunteer identified above is under 18 years of age.)*

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

Relationship to Traveler/Volunteer: \_\_\_\_\_  
*(Only complete the remainder of this part that differs from the information provided in Part 1, above.)*

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone(s): \_\_\_\_\_

Church you are a member of (name/city): \_\_\_\_\_

### Part 3. Agreement, Release and Indemnity

I acknowledge that the travel or volunteer work to which this Agreement, Release, Indemnity and Information Form relates (collectively, the Activities) is sponsored by an agency or assembly of the Reformed Church in America (RCA), which is a Christian organization, and that at all times during such Activities I (or the person on whose behalf I am completing and signing this document) will refrain from any and all conduct that may in any manner dishonor the Church of Jesus Christ (including the RCA). I further acknowledge and agree that participation in the Activities is elective and may involve risks to health, safety or both.

I acknowledge that the Activities may include clean-up/construction work designed to repair disaster damage. Because of the nature of the Activities, I agree that I (or such person) will be flexible in accepting schedules and tasks that fall outside of the expected assignment.

I understand that the Activities may involve a risk of physical injury and may involve hard physical labor, heavy lifting and other strenuous activity; and that some aspects of the Activities may take place on ladders and building framing other than ground level. I certify that I am in good health and physically able to perform this type of work.

I understand that I am engaging in the Activities at my own risk. I understand that the Activities are part of a larger effort to support individuals adversely affected by hurricane/flood disaster or are receiving assistance to repair or replace substandard housing. I assume all risk and responsibility for any damage or injury to my property or any personal injury, which I may sustain while involved in the Activities, as well as related medical costs and expenses.

By signing below I, for myself and for the person on whose behalf I am completing and signing this document, knowingly and voluntarily do the following:

(a) agree to assume all risks associated with the Activities;

(b) waive, release and indemnify any and all agencies and assemblies of the RCA, including without limitation the General Synod Council of the Reformed Church in America, from and against any and all claims, demands, and causes of action (whether known, unknown, anticipated, or unanticipated) now or hereafter arising out of, connected with or incidental to any such Activities, and agree that the foregoing applies (but is not limited) to such claims, demands and causes of action for property damage, personal injury, illness, pain, suffering, death, and economic, non-economic, actual, and consequential damages.

### Part 4. Signatures

By my signature on this document, I acknowledge that all information provided in Parts 1 and 2 is true, correct and complete, that I have read this document in its entirety, that I understand and agree to be bound by all its terms and conditions, and that I enter into it willfully and voluntarily.

*Signature of Volunteer/Traveler:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Printed Name of Volunteer/Traveler:* \_\_\_\_\_

*SIGNATURE NEEDED ONLY IF VOLUNTEER IS 18 YEARS OF AGE OR UNDER*

*Signature of Parent/Guardian:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Printed Name of Parent /Guardian:* \_\_\_\_\_

**Part 5. Health and Emergency Information**

***Please provide the following information regarding the Traveler / Volunteer***

General physical condition:

- Rugged and Vigorous       Good Health       Fair Health       Limited Health

Please identify any dietary needs or concerns (e.g., food allergies) and any medical or medication information that may be relevant to the travel or work of the Traveler/Volunteer. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name of Health Insurer: \_\_\_\_\_

Insurance Plan Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Insurer's Phone Number (for contact purposes): \_\_\_\_\_

Passport Information (for international travel): Country: \_\_\_\_\_ Number: \_\_\_\_\_

Person to contact in case of an emergency: \_\_\_\_\_

Relationship to Traveler/Volunteer: \_\_\_\_\_

Phone(s): \_\_\_\_\_ Email Address: \_\_\_\_\_

**Part 6. Skills Survey (Optional – For Volunteers Only)**

Future volunteer opportunities requiring particular skills may arise. Please check those things that the volunteer is experienced in and **is willing** to volunteer to do for one month or more. This information will be maintained by the RCA's Mission Volunteer Program for future reference.

***Instruction/Teaching Skills***

- School Administration
- College/University/Seminary
- Curriculum Development
- English/ESL
- Preschool/Primary
- Secondary/High School

***Other Skills:***

- Computer Training
- Financial Management/Accounting
- Library Services
- Building Trades/Construction/Contractor
- Machinery Repair

***Medical Skills:***

- Community Health
- Nursing
- Surgeon
- Hospital Administration

***Languages (other than English)***

\_\_\_\_\_  
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