



IDEAS Short-Term Application

Name (First and Last): _____

Phone Number: _____

Email Address: _____

Date of Birth: _____

Physical Address: _____

1. Are you a citizen or green card holder of the United States or Canada?

Yes

No

2. Location(s) of IDEAS Trip:

3. What is your current occupation(s)?

4. List languages spoken and proficiency in each:

5. List countries you have visited:

6. Describe your physical and mental health:

- I am in excellent health.
 - My health is generally good.
 - I have a chronic condition that is controlled.
 - I need to be near a medical facility at all times because of my health.
 - Are there any medical/mental conditions we need to be aware of? When you face challenging times or uncomfortable settings, are there treatments and medications we need to be aware of?
- If so, please tell us more: _____

7. List immunizations received:

<u>Immunization(s)</u>	<u>Date Received</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

8. Have you ever been convicted of a crime? Yes No

If yes, please explain:

9. Have you ever been charged with a misdemeanor? Yes No

If yes, please explain:

10. How do you plan to pay for your trip?

- I will pay for it myself in a single payment.
- I will pay for it myself in several payments.

11. List 3 emergency contact names, phone numbers, and email:

<u>Name (First & Last)</u>	<u>Phone Number</u>	<u>Email</u>
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____

12. Attach a copy of your passport with this application.

13. Complete the “Security Orientation” module. Click [HERE](#). (Course Fee: \$35.00)

14. Sign “IDEAS Code of Conduct” below.

15. Sign “Statements and Releases” below. This form allows IDEAS to conduct a background check.

16. Use the space below for comments or to provide additional information:

IDEAS Code of Conduct

I recognize that my attitudes and behavior have an impact on the communities to which I travel and in which I serve. Therefore, I will:

- Refer to the group leader for all cultural practices.
- Treat others with respect; both those on my team, and those I seek to serve.
- Avoid gossip, complaining, or negative talking about those in authority, my host country, living conditions, or other participants of the program.
- Speak and act in a way that respects and values the host culture. Encourage others through my words, actions, and attitudes.
- Seek to listen, observe, and ask questions rather than sharing opinions, except in the context of providing professional training and services.
- Engage in relationships with persons of the opposite gender only as is culturally appropriate, as communicated by the person in authority on my trip. Engage in appropriate touch only when approached by a member of the local community.
- Abstain from sex and/or sexual acts outside of marriage, engaging in pornography, using explicit chat rooms, sexting, same-sex and/or transgender experimentation or lifestyle while traveling with IDEAS.
- Follow the advice and recommendations and submit to those in leadership (group, local and IDEAS) to avoid behavioral practices which are not wrong but culturally inappropriate. I will humbly receive the honest feedback and advice of those in authority over me.
- Abstain from the wrongful use of addictive and/or illegal substances and abide by any policy for alcohol consumption outlined by the host or trip leader.
- Dress modestly and follow the culturally appropriate manner of dress as outlined by the trip or local leaders.
- Abide by all local, state, and national laws and regulations applicable in your host location.
- Provide equal treatment to all persons, avoid discrimination, and oppose the vilification or demeaning of others based on disability, age, race, color, national origin, political beliefs, religion, gender, sexual orientation and/or marital status.

Signature: _____

Date: _____

Statements and Releases

- I am aware that I am applying for a volunteer position without financial remuneration that may involve travel (“Travel”) and service activities (“Service”). I clearly understand that it is my responsibility to raise all personal and service-related expenses, including travel to and from designated interviews and training locations.
- All materials, including the application materials and references collected by IDEAS, belong to IDEAS.
- I recognize that traveling, living, and working around the world can be hazardous or dangerous. I assume all risks associated with such traveling, living, and working, which include, but are not limited to, death, disease, famine, natural and manmade disasters, terrorism, kidnapping, theft, extortion, governmental unrest, military coups, war, etc. Therefore, in consideration of my participation in the Travel and Service, I hereby accept all risk to my health and of my injury or death that may result from such participation and I hereby release IDEAS, its governing board, officers, employees and representatives, from any and all liability to me, my personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to my property and for any and all illness or injury to my person, including my death, that may result from or occur during my participation in the Travel or Service, whether caused by negligence of IDEAS, its governing board, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless IDEAS and its governing board, officers, employees, and representatives from liability for the injury or death of any person(s) and damage to property that may result from my negligent or intentional act or omission while participating in the Travel or Service.
- In case I am in need of medical or surgical treatment to protect my health and welfare, I authorize and agree to allow any authorized agent or employee of IDEAS to consent to and authorize the administering of such necessary medical and/or surgical treatment. I also agree to be financially responsible for any such services.
- In the case of a crisis, I authorize the US Consular Office of the United States of America and the United States Department of State to release information regarding me to:
 1. Tony Herrera (IDEAS Director of Project Operations) tony.herrera@ideasworld.org +1-719-967-3276
 2. _____
(family member) (email address) (phone number)
 3. _____
(family member) (email address) (phone number)
- This release constitutes my consent and authority for IDEAS and its agents to obtain and examine copies and abstracts of records and receive statements and information regarding my background.
- This background information may be obtained in the form of consumer reports and/or investigative consumer reports commonly known as “background reports.” These background reports may be obtained at any time after receipt of your authorization and throughout your program period.
 - IDEAS might use the information obtained to make a decision related to your employment or volunteer status.

- HireRight, Inc. or Universal Background Screening will prepare or assemble the background reports for the company. HireRight, Inc. is located and can be contacted by mail at 515 California, Irvine, CA 92617 or by phone at (800) 400-2761. Universal Background Screening can be contacted by mail at Post Office Box 5920, Scottsdale, AZ 85261 or by phone at (877) 263-8033.
- The types of information that may be obtained include, but are not limited to: social security number verifications, address history, criminal records and history, public court records, driving records, accident history, worker’s compensation claims, employment history verifications, educational history verifications, personal and professional reference check, professional licensing and certification checks and other information bearing on your character, general reputation, personal characteristics, and mode of living.

This information may be obtained from private and public record sources, including, as appropriate: educational institution, former employers, personal interviews with sources such as neighbors, friends, and associates, and other information sources.

I, _____ acknowledge that I have read these release statements and agree.

Signature: _____

Date: _____