



Thank you for your interest in Signs of Hope International!

All of us at Signs of Hope International are pleased you have chosen to apply for our mission program! I know this experience will be one not easily forgotten. Your time as a volunteer will be filled with joy and excitement as you get to know the students at the schools and see how excited they are to see and learn from you everyday. I have seen the changes we can make in the lives of those you will have the opportunity to meet and work with. You will change lives. If you go for the right reasons and work hard it will impact you and the world for generations.

If I can be of any assistance in the application process feel free to contact me at any time.

Heidi Hagen, Mission's Coordinator  
Signs of Hope International  
heidi@signsofhopeinternational.org  
(866) 511-7644 x. 1

Below is a step by step checklist to help you in the application process:

- Complete the attached application
- Three confidential letters of recommendation from persons not related to you. (Attached in a sealed envelope.)
- Include 4 passport photos
- Check the Signs of Hope International blog at [www.SignsofHopeInternational.org](http://www.SignsofHopeInternational.org) for mission dates and application deadlines.

Mailing address:

Signs Of Hope International  
Attn: Mission's Coordinator  
375 S. Main Street #2  
Alpine, UT 84004



MISSION APPLICATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
(As it appears on Passport) (As it appears on Passport)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Sex: M or F Email: \_\_\_\_\_

Do you have a current passport: Y of N Passport Number: \_\_\_\_\_

Currently Attending School: Y or N Where: \_\_\_\_\_ School Year: \_\_\_\_\_

Current Occupation: \_\_\_\_\_

Have you contacted your current employer regarding time off for your service involvement with SOHI: Y or N

Current proficiency in American Sign Language: \_\_\_\_\_

What experience have you had in the deaf community or working with the deaf: \_\_\_\_\_

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

List any other pertinent volunteer service you have done with organizations other than SOHI: \_\_\_\_\_

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

List most current academic honors, awards received and extracurricular activities: \_\_\_\_\_

\_\_\_\_\_

Explain your educational background: (Include majors, degrees, certificates, ect.) \_\_\_\_\_

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

List any other clubs or organization you are associated with and length of involvement: \_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted or pled guilty of a crime: Y or N If so, explain including dates: \_\_\_\_\_

\_\_\_\_\_

Mission Dates: (Please select the mission and year you are interested in applying for)

\* **Summer Mission** \_\_\_\_\_, **20**\_\_\_\_\_                      **Fall Mission** \_\_\_\_\_, **20**\_\_\_\_\_

*\*If you are not accepted for the Mission you are applying for, are you interested in other Mission dates and would like to be notified or considered in the future: **Y or N***

What grades or subjects are you interested in or qualified to teach: (\*Final placement to be determined by Signs of Hope International)

Primary School \_\_\_\_\_ Grade \_\_\_\_\_

Secondary School \_\_\_\_\_ Grade \_\_\_\_\_

Subject(s): \_\_\_\_\_ Other: \_\_\_\_\_

Art \_\_\_\_ Dance \_\_\_\_ Sewing \_\_\_\_ Sports \_\_\_\_ Counseling \_\_\_\_

Teaching \_\_\_\_ Cooking \_\_\_\_ Drama \_\_\_\_ Farming \_\_\_\_ Speech Therapy \_\_\_\_

Pottery \_\_\_\_ Computers \_\_\_\_ Internet \_\_\_\_ Medical \_\_\_\_ Dental \_\_\_\_

Optical \_\_\_\_ Nutrition \_\_\_\_ English \_\_\_\_ Math \_\_\_\_ Social Studies \_\_\_\_

Leather Work \_\_\_\_ Graphic Design \_\_\_\_

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**Health Information:**

Do you currently have Health Insurance: Y or N    Company: \_\_\_\_\_

Have you been hospitalized in the past 2 years: Y or N    If Yes, explain: \_\_\_\_\_

Have you had any form of surgery in the past 5 years: Y or N    If Yes, explain: \_\_\_\_\_

Are you currently taking any form of medication: Y or N    If Yes, list medication and dosage: \_\_\_\_\_

Do you smoke: Y or N                      Blood Type: \_\_\_\_\_

List any chronic health problems, allergies, and current conditions we need to be aware of: \_\_\_\_\_

Person to notify in case of emergency:

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Day Phone: (\_\_\_\_\_) \_\_\_\_\_ Evening Phone: (\_\_\_\_\_) \_\_\_\_\_

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\*Please be aware that these trips can be stressful and people often come down with colds, viruses, and/or intestinal infections. If you have a condition that warrants a medical referral, we reserve the right to contact your caregiver unless otherwise noted. We also suggest that you have a physical and contact your physician at least 3 weeks prior to the mission. Please bring any medication you may need (i.e. high blood pressure, antibiotics, etc.).

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Mission cost **WILL** include the following:

- \* Round Trip Air Travel
- \* Entry Visa
- \* Housing
- \* Transportation
- \* One Weekend Trip
- \* Travel Insurance Plan
- \* Meals: Breakfast is Provided
  - Lunch at the Schools
  - Dinner is Provided (excluding weekend trip)

Mission cost **WILL NOT** include the following:

- \* Inoculations
- \* Spending Money (recommended: \$150)
- \* Personal Expenses/Souvenirs
- \* Passport

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\*\*\* APPLICATION TO **SIGNS OF HOPE INTERNATIONAL** DOES NOT SECURE PLACEMENT ON MISSION.

\*\*\* ALL APPLICANTS MUST BE 18 YEARS OR OLDER BY MISSION DEPARTURE DATE.

\*\*\* ALL APPLICANTS MUST PROVIDE 4 PASSPORT SIZE PHOTOS AT TIME OF APPLICATION.

**Inoculations:**

\*\*\* YELLOW FEVER VACCINATION IS REQUIRED TO TRAVEL.

The following inoculations are recommended by local Health Departments (though not legally required):

1. Hepatitis A or Immune Globulin (IG)
  2. Hepatitis B
  3. Meningococcal Meningitis
  4. Typhoid
  5. As needed, booster doses for tetanus-diphtheria, measles, and a one-time dose of polio vaccine.
  6. Malaria Medication (Recommended purchasing in the US before travel)
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## PROFESSIONAL CONDUCT CODE

As a volunteer participant of **Signs Of Hope International** mission, you are a representative of our international program, your community and your family. Because of the significant role you play in **Signs Of Hope International**, you are expected to exemplify the highest standard of conduct during the mission. Sensitivity to and respect for local customs and social values of the country is an essential component of team membership. Each team member is expected to refrain from behavior that is inappropriate or offensive to the host country. An area of particular concern, for example, involves dressing in a style inappropriate to the host country.

Additionally, it is of the utmost importance that all team members refrain from behavior deemed illegal in your home, community, state, or country such as: minors consuming alcoholic beverages, volunteers abusing drugs, or stealing. Personal conduct as it relates to interaction with other team members and/or in-country volunteers or students should be kept on a professional but friendly level. Do not put yourself in a compromising situation, which could lead to an embarrassing incident. Socializing is encouraged; however, overindulgence, which causes displays of unprofessional behavior, is unacceptable. You honestly declare that you are not involved with nor will be involved with illegal drugs. During your stay in the host country, you will not consume any illegal drugs and will refrain from all sexual activity. I will follow and obey with exactness all rule and regulations set by **Signs Of Hope International** while participating in the international travel program. Volunteers need to be sensitive to the fact that no statements are made that could be interpreted as negative, condescending, or politically slanted. Each host country has its own set of sensitive political and social issues in which volunteers must avoid becoming embroiled. A second area of particular concern involves team members making allusions to or promises about possible sponsorship by **Signs Of Hope International** to study in any country. Any team member should make no mention of this program in any host country.

All **Signs Of Hope International** volunteer team members agree, by virtue of this signed document, to comply with all rules, policies, and guidelines promulgated by the organization. Failure to comply with these rules and standards can result in disciplinary action or possibly removal from the team. All incidents will be handled immediately by the Mission Coordinator at the mission site.

Failure to return acknowledgment of this form will prohibit confirmation of a position on the upcoming mission. Even if you have been on a previous mission, we expect a recommitment each time you are part of a mission.

I hereby attest that I have read the above policy statement and agree to abide by the Professional Conduct Code set forth by **Signs Of Hope International**.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian of Applicant's Signature  
(Applicant is under 18 years of age)

\_\_\_\_\_  
Date



**GENERAL RELEASE OF LIABILITY**

I, \_\_\_\_\_, being of lawful age to make this release, do hereby acknowledge that I have been fully informed of and am aware of the potential risks, hazards and dangers to which I will be exposed in the course of the activities I will be performing on behalf of **Signs Of Hope International** during its mission to Ghana, West Africa.

I further acknowledge that I have volunteered to work with **Signs Of Hope International** on this mission, having full knowledge of the potential risks and dangerous conditions involved in this Mission, and that I further agree to assume full and complete responsibility for any and all risks involved in the Mission, including, but not limited to, any harm, accident, injury or death which may arise by reason of the following: disease, attack, act of terrorism, illness, accident, war of internal strife, war, famine, hurricane, flood or other natural disasters.

I further release all liability from **Signs Of Hope International** and give their officers, agents or employees authorization to file or assist in any claims, including claims with Travel Guard International. I further release all claims that fall under Part-A of the Travel Guard International insurance plan to be the property of **Signs Of Hope International**. It is my intention that this be a complete and total release.

For being allowed by **Signs Of Hope International** to participate in the Mission and other food and valuable consideration, the receipt of which is hereby acknowledged, I have released and discharge, and by these presents do for myself, my heirs, executors, administrators and assigns, unconditionally release, acquit and forever discharge **Signs Of Hope International**, any successor, resulting or surviving corporation, their officers, agents, and employees (collectively the "Releases") of and from any and all actions, causes of action, claims, demands, damages, costs, loss of services, expenses, compensations, third party actions, suite in law or in equity, including claims or suits for contribution and/or indemnity, including suits or other actions brought in a foreign jurisdiction, of whatever nature, and all consequential damage on account of, or in any way growing out of the Mission referred to above, including that not limited to any accident, incident or illness that may occur during such Mission. It is my intention that this be a complete and total release of the Releases without any reservation of my rights related to the Mission.

I commit to work out any disagreements between myself and **Signs Of Hope International** through mediation. Should the conflict require further consideration, and only after a reasonable effort to mediate, I agree to settle the dispute through binding arbitration. Furthermore I agree that Utah will be the forum and will have jurisdiction for any legal dispute.

I have carefully read this release form, and I have had an opportunity to ask and have answered any questions that I may have about this release form.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian of Applicant  
(Applicant is under 18 years of age)

\_\_\_\_\_  
Date