## A Broader View Volunteers Corp

236 Glen Place, Elkins Park, PA 19027, USA Tel: (215) 780 1845 Email: volunteers@abroaderview.org



## **Participant Agreement with A Broader View**

In order to process your application, we require that you read our program policies. At the bottom of this agreement application please write your full name, date and signature that you have read the Volunteer Service Agreement and clearly understand the terms and conditions of volunteering with A Broader View. (ABV)

If you will be under 18 years old on your program start date, your parent/guardian must also sign the contract at the bottom of this page.

## **Participant Contract**

1. By submitting this signed agreement, I have acknowledged receipt and agree to comply with the ABV Volunteer Service Agreement which is accompanying this contract.

2. I agree to participate 40 hours per week in the Project. I understand that sightseeing is limited to weekends and evenings. I will follow the schedule rules set forth by ABV, the Project Directors and program coordinators, and understand I can not make any changes to the work schedule without written consent from ABV US office.

3. I understand and agree to the Payment, Refund and Cancellation policies of ABV, as explained in the ABV Volunteer Service Agreement. I understand late payments will be assessed \$50 penalty if received after the specified payment due date.

4. I understand and agree that ABV Volunteers has a zero tolerance policy towards the possession/ use of illegal drugs and alcohol while in the ABV Project or Host Family. If found in violation of these rules, ABV reserves the right to immediately cancel my program and you, the Volunteer, will forfeit all program fees and costs. No refunds of any kind will be issued.

5. I understand that neither ABV Volunteers nor its partner organizations will provide me with insurance of any kind, including travel and/or medical insurance. Also, I understand it is my responsibility to advise ABV Volunteers of any medical conditions that may affect my participation in the program or put my health at risk.

6. I understand Flexibility and patience are the keys to having a successful program. I agree to the ABV rules and regulations set in place to ensure a satisfying experience.

Name \_\_\_\_\_\_ Signature \_\_\_\_\_

Parent/Legal Guardian Name & Signature:

Date: