



**Volunteers for Peace Viet Nam (VPV)**

Address: COMA6, Duong 70, Tay Mo,  
Tu Liem, Hanoi, Vietnam

E-mail: vpv@vpv.vn

Website: www.vpv.vn

Telephone: +84-4-765-1909

Fax: +84-4-765-2791

**VNHELP**

Address: 1850 S. 10<sup>th</sup> Street,  
San Jose, CA 95112

Email: info@vnhelp.org

Website: www.vnhelp.org

Telephone: 408-885-1791 /

Fax: 408-885-1721



**Volunteer Application**  
Summer 2008 Program  
Doing volunteer work in Vietnam

**SECTION I**

**Full name:** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_  
(first, last) (mm/dd/yyyy)

**Present address:** \_\_\_\_\_ **Gender:** Male / Female  
\_\_\_\_\_  
**Occupation:** \_\_\_\_\_

**Permanent address:** \_\_\_\_\_ **Major:** \_\_\_\_\_  
(if different than above) (if student)  
\_\_\_\_\_

**Home phone:** \_\_\_\_\_ **Primary language:** \_\_\_\_\_

**Mobile phone:** \_\_\_\_\_ **Secondary language:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Country of Citizenship:** \_\_\_\_\_ **Passport #:** \_\_\_\_\_

**Issued date:** \_\_\_\_\_ **Expiration date:** \_\_\_\_\_

**Emergency contact #1: Full Name:** \_\_\_\_\_

*Telephone:* \_\_\_\_\_ *Relationship:* \_\_\_\_\_

**Emergency contact #2: Full Name:** \_\_\_\_\_

*Telephone:* \_\_\_\_\_ *Relationship:* \_\_\_\_\_

**Do you have medical insurance?** Yes / No

**Do you have any special needs or health concerns we need to know?** \_\_\_\_\_

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

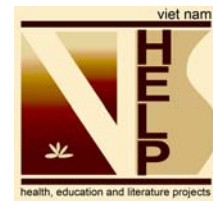


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**SECTION II**

*(fill out this section if you are under 18 years old)*

**Parent/Guardian's full name:** \_\_\_\_\_  
*(first, last)*

**Parent/Guardian's home tel:** \_\_\_\_\_ **Parent/Guardian's mobile tel:** \_\_\_\_\_

**Parent/Guardian's address :** \_\_\_\_\_

**SECTION III**

**List any previous voluntary work:** *(when / where / what / which organization)*

**State your motivation or expectation for participating in VPV's program:**

**List any special skills you have:**

**SECTION IV**

**Applicant wants to participate in the following program** *(check one):*

- July 2008 Program       August 2008 Program

**Applicant will submit \$400 for program fee, which includes a deposit** *(check all that apply):*

- \$50 deposit must accompany this application (refundable if cancelled 30 days prior to trip)       \$350 must be paid 30 days prior to trip (refundable if cancelled 7 days prior to trip)
- \$70 cultural visits & Ha Long Bay trip, optional



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**SECTION V**

**WAIVER AND RELEASE OF LIABILITY**

I desire to participate in the activities sponsored by VPV and VNHELP. I understand that in order for VPV and VNHELP to accept my application to participate in the program, I must agree to be bound by this Waiver and Release.

In consideration of VPV and VNHELP accepting my application and my being permitted to participate in the program, I agree to waive any and all claims I may now and in the future have against, and release from liability and agree not to sue VPV or VNHELP and their representatives, agents, or volunteers for any personal injury, death, property damages, expenses, or loss sustained by me as a result of my participation in the program due to any cause whatsoever, including, without limitation, negligence, breach of statutory duty including duties arising from occupier's liability on part of the released parties.

I agree that I have a personal responsibility to follow the established safety rules and procedures to the extent that I participate in such activities. I acknowledge and fully understand that there may be risks not known at this time or not reasonable foreseeable at this time. I assume all of the foregoing risks and accept personal liability for any damages, claims, or losses following any loss of personal property, physical injury, permanent disability, dismemberment or death.

I confirm that I am the full age of majority, or in the alternative, I have indicated that I am the guardian of the minor participant named, and that I have read and understand this agreement prior to signing it and agree that this agreement will be binding upon me as participants or guardians, my heirs, next of kin, executors, administrators, and successors.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE HAVE GIVEN SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN, IT VOLUNTARILY.

**Applicant's signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Guardian's signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(if under 18)

*Please submit completed applications to  
VNHELP, P.O. Box 51780, San Jose, CA 95151*