

Professional Standards Commitment

As an FSD Participant, I _____ [name] understand that I represent myself, FSD, and my country. I know that where I work and live people will look to me as representing the ideals held by these entities. While FSD provides me with tools to help me achieve my personal and professional goals, I myself have the ultimate responsibility for my success as a participant. For these reasons, I am committed to observing the following Professional Standards during my program.

1. I will show respect for the people and culture of my host country at all times.
2. I will observe local standards of behavior, dress, and protocol.
3. I will strive to integrate into my community and local society, spending more time with my colleagues and counterparts than with other participants and expatriates.
4. I will consider learning the local language as a way to show respect and further my integration into my host community.
5. I will not participate in clinical medical service activities, unless pre-approved by the FSD Executive Director.
6. If I use alcohol, I will use it in a socially appropriate, culturally respectable, and safe manner.
7. I will behave professionally with my co-workers, other FSD participants, and FSD staff. I will resolve any differences through openness and respectful dialogue, avoiding gossip, rumor or personalization of any conflicts.
8. I will abide by FSD protocol and submit all required deliverables to the FSD Site Team in a timely manner.
9. I will be open and honest with FSD staff about difficulties I may face as a participant, enabling a collaborative approach towards resolution of any problems.
10. As a development worker, I will embrace a grassroots, community-based approach to development, working to meet the needs and wishes of as many community members as possible, by the most sustainable means possible.

Participant Signature

Date

Participant Contract

This contract is made on _____ (Date) between the Foundation for Sustainable Development (“FSD”), a California non-profit corporation whose address is PO Box 21467, Oakland, CA and _____ (“Participant”).

Therefore, in consideration of the mutual promises set forth below, the parties agree as follows.

1. Obligations of FSD.

FSD agrees to assign the Participant to an organization for a volunteer or internship program that will last from _____ [start date] to _____ [end date] in _____ [Site/Country].

FSD will assign the Participant to a Host Organization in alignment with the experience, interests, language level, and time commitment indicated in the Participant’s application.

FSD will work with an in-country Host Organization to appoint a supervisor to orient the participant to the host organization and support his or her work to the full extent possible.

FSD will arrange full room and board and limited medical and medical evacuation insurance for the Participant for the duration of the program.

FSD will place the participant with a host family for the majority of the program. The host family will provide the participant with a private room, three meals per day (breakfast, lunch, dinner), purified water, and access to laundry service once per week.

2. Obligations and responsibilities of the participant.

Acceptance of Offer

The Participant accepts the offer to participate in the FSD Program identified above.

Visa

The Participant assumes full responsibility for securing the appropriate visa and ensuring the full legality of his or her stay in the host country during the Program. The Participant is aware that doing so requires consultation of resources above and beyond the information provided by FSD.

Health

The Participant assumes full responsibility for identifying and taking all necessary health precautions prior to, during, and following the Program. The Participant is aware that doing so requires consultation of resources above and beyond the information provided by FSD.

Insurance

The Participant understands that limited medical insurance (including emergency medical evacuation) is provided by FSD and included in the program fee. It is the Participant’s responsibility to purchase additional or supplemental coverage if needed or desired.

The Participant is responsible for providing his or her date of birth and exact dates of program

participation (upon availability) to FSD for the express purpose of securing this insurance coverage.

The Participant is responsible for carrying Proof of Insurance, paying all upfront medical expenses, paying the \$250 deductible, and pursuing reimbursement for eligible expenses directly from the Insurer.

Consent for Medical Treatment

In the event of illness or injury, the Participant authorizes the FSD Program Director or other agents to obtain emergency or other medical treatment as deemed necessary, including administration of an anesthetic or other medication and surgery, and the Participant hereby assumes the cost of such treatment.

The Participant understands that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of FSD to give specific consent to the diagnosis, treatment or hospital care which, in the best judgment of a licensed physician, is deemed advisable.

Personal Property

The Participant assumes full responsibility for obtaining and safekeeping their passport, visa, money, travelers checks, tickets, jewelry, and other property; and hereby waives any and all claims against FSD, the program directors and other agents for any expenses or losses due to the Participant's failure to obtain these papers or to safeguard properly these items or any other personal property.

Host Organization

The Participant understands that they are making a commitment to a Host Organization or specific set of Host Organizations, and as such, should be fully committed to this/these organization(s) and should not look for, seek placement in, or participate with alternative organizations during the Program.

It is the Participant's responsibility to work with the Host Organization, the Host Family, and the FSD Site Team. Refusal to cooperate with them is a breach of this agreement. The Participant understands that the Host Organization may provide rules defining acceptable work attire and conduct, and an appropriate work schedule. The Participant will give his/her best efforts to conform to these rules, as well as to cultural norms of the Host Organization and of the country.

Travel

The Participant agrees to limit travel outside of the host community to weekends and designated program breaks and will avoid travel that will negatively impact his or her integration into the host community, family and organization, or prevent him or her from fulfilling work responsibilities. It is assumed that the Participant will not initiate travel to areas designated by FSD as "high risk" and will only travel outside of the host country during designated program breaks, or for the purpose of visa renewal or family emergency.

The Participant will notify the FSD Site Team and Host Family of all plans to travel outside of the host community, and agrees to sign a Release Form for participation in international travel as well as for travel and other activities not supported by FSD.

Other Activities

Because FSD is a non-partisan organization, the Participant shall not participate in any form of partisan political activities, such as protests, marches, or strikes. Participation in high-risk activities including, but not limited to, motorcycle riding, skydiving, bungee jumping, mountain climbing, and scuba diving is prohibited during the course of the program. Injuries resulting from these and other high-risk activities may invalidate the Participant's insurance coverage.

The Participant understands that he or she is fully subject to the rules, regulations, and policies of the host country during the program and agrees to adhere to these.

Documentation

It is the Participant's responsibility to complete and deliver all requested pre-departure information to FSD in a timely and complete manner. Failure to do so compromises FSD's ability to provide the agreed-upon services to the Participant.

It is the Participant's responsibility to complete and deliver program evaluations, financial reports, and a comprehensive final report on the program experience. The Participant understands that by turning in such materials to FSD, he or she is authorizing FSD to use those materials for promotional and programmatic purposes.

Media Usage and Release

Participant media (e.g. photography, video, audio and other multimedia materials) provided to FSD is greatly appreciated to help promote programs and provide a current representation of FSD's work around the world. During and after a participant program, FSD may request photos and other media forms to be voluntarily provided or included in program documentation by Participants. By providing media to FSD, the Participant understands that it may be edited, copied, exhibited, published and/or distributed on behalf of FSD and waives the right to inspect or approve the finished product wherein it is used. Although FSD does not intend to sell volunteered media alone for profit, FSD may use media in outreach materials for marketing its fee-for-service programs and for fundraising purposes. By signing this contract, the Participant waives any right to royalties or other compensation arising or related to the media's use. The material may be used in diverse settings within an unrestricted geographic area. Any requested exceptions to this agreement must be clearly communicated by the Participant to FSD at the time the media is provided.

Extension of Participation

If the Participant wishes to extend participation in the program, the Participant must submit written notice to the FSD Site Team and San Francisco Office at least 40 days before the original end-date of their Program, and submit full payment for the extension at least 30 days prior to the beginning of the extension of the program.

Early Termination

If the Participant wishes to terminate the program prior to the original end date of the program, he or she must submit written notice to the FSD Site Team and fill out an Early Termination Agreement at least 24 hours before participation in the program is effectively terminated. Forms may be obtained from the FSD Site Team.

The Participant will refer to the invoice for information on Early Termination refund policies. If a Participant is a danger to others and/or breaches this agreement, FSD reserves the right to terminate their program.

3. Entire Agreement

This agreement is between the Participant and FSD, and any other agreement, statement, or promise not contained in this contract cannot be relied upon. Any disputes that arise will be resolved through mediation.

4. Governing Law.

This contract will be governed by the laws of California.

Participant Signature

Date

Foundation for Sustainable Development

Date



Participant Release Form

Agreement between the Foundation for Sustainable Development and _____ (print your name).

As part of the consideration for participating in the FSD program, I hereby release, hold harmless, and forever discharge FSD, its employees and agents, from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, property damage, or personal injury, including death, that may be sustained by me or to any property belonging to me, while participating in such activity. It is my responsibility to understand what the limited insurance covers and to purchase additional insurance if that which is provided is insufficient.

Informed Consent

By participating in this program, I acknowledge that I may be giving up substantial rights. I have been informed and I am confident that I understand the various aspects of the Program, including but not limited to the arrangements for finance, travel, itinerary, logistics, and cancellation. I further understand and acknowledge that despite the most careful planning and supervision, serious injuries, illnesses, and death occasionally occur during any travel and that persons engaged in travel anywhere in the world occasionally sustain mortal or serious personal injuries, property damage or severe social and economic loss as a consequence of not only their own actions, inactions, or negligence, but the actions, inactions, or negligence of others, weather conditions, conditions of equipment used, language barriers, differing social cultures and national laws and that there may be risks not known to me or not reasonably foreseeable at this time.

Travel

Additionally, I understand that foreign travel in some instances can be extremely dangerous and ill advised. The risk of such travel includes death, great bodily injury and kidnap for ransom. In the event I decide to participate in such travel, I agree to assume all responsibility as stated below. (Updated travel information and advisories may be obtained from the Citizen's Emergency Center, which is a department of the Office of Consular Affairs in Washington DC, phone 202-547-5250).

Acceptance of Risk and Release

I accept full responsibility of the foregoing risks of property damage, injury, permanent disability or death. In consideration of the opportunity to participate, I, the undersigned, hereby release and discharge FSD, its officers, employees, and agents from all liability as defined herein arising out of, or in connection with my participation in the above described arrangement. For the purpose of this Agreement, liability means all claims, demands, causes of action, suits, or judgments of any and every kind (including court cost and attorneys' fees) that I, my heirs, executors, administrators or assigns may have against FSD, or that any other person or entity may have against FSD because of my death, personal injury or illness, or because of any loss of damage to property, that occurs during the above described arrangement that results from any cause, except for loss arising out of the sole negligence or willful misconduct of FSD, its directors, officers, employees and/or agents .

This release and indemnity agreement is binding on myself, my heirs, assigns, and personal representatives. I affirm that I am 18 years of age or older.

Participant Signature

Date