



WELCOME to COMMON RIVER's VOLUNTEER PROGRAM

What? Common River offers exciting opportunities for volunteers to participate in the community development program in Aleta Wondo. It is a cultural exchange tour along with an opportunity for community service.

Where? In Aleta Wondo, Ethiopia. It is a town in the Great Rift Valley in the Sidama Region of Southern Ethiopia. It is located 300 kilometers directly south of the capital city, Addis Ababa. Common River has a development program in a site at Titira, a community that is on the outskirts of the town of Aleta Wondo. Common River has two guest huts to accommodate volunteers.

Why? We believe that volunteer participation nurtures global understanding and prepares the youth to become global citizens.

When? Summer of 2010: 2 three week sessions: dates to be determined

To APPLY for the COMMON RIVER Experience, you must write an essay stating why you want to be a Common River volunteer and what you will offer the community. Unfortunately, not everyone who applies can be accepted. E-mail your essay to: andwenz@gmail.com

STEP 1: [Download the Student Forms](#). The three student forms (Registration & Terms of Agreement, Medical and Health Information Form, and Acknowledgement of Risk) are available in this PDF file. You may print out the blank forms and fill them in and sign them.

STEP 2: Please SIGN and send all three forms (6 pages) for each student to **415-559-6527** as soon as possible to secure your registration.

You may also MAIL the forms to us at:

Common River

72 Hazel Ave.

Mill Valley, CA 94941



2010 Registration & Terms of Agreement (Form 1)

Applicant, and parent or legal guardian, must read, complete and sign this Registration and Terms of Agreement, below. Incomplete forms may be returned to you, resulting in delayed registration.

Participant's name: _____ Age: _____ Date of Birth: _____
Male/ Female: _____

Names of Parents/Guardians: _____
Address: _____ City: _____
State: _____ Zip Code: _____

Local address/contact info:

Home phone: _____ Cell Phone: _____ Best Contact : _____
Email address: _____

Method of Payment: Check Visa MasterCard or American Express

Credit Card # _____ Exp. Date _____
Cardholder Signature _____ Date _____

Enclosed is my tax-deductible donation in the amount of \$ _____ to help enroll local children in camp.

Registration process: You must enclose a 25% deposit with this Registration & Terms of Agreement, sign it, and mail or fax it to Common River. Upon receipt of your Registration, CR will send confirmation via your billing statement. Programs are filled on a first come, first served basis. Please consult our website at www.commonriver.org for updated program availability. In addition to this Registration & Terms of Agreement, you must also submit a Medical & Health Information Form and an Acknowledgment and Assumption of Risks & Release and Indemnity Agreement. These forms can be printed off the website, and should be returned to our office via mail. (72 Hazel Ave., Mill Valley, CA 94941) These forms contain important information associated with your experience, so please read and complete these forms carefully. All forms must be completed and signed by participant and parent/s, as appropriate. **Final acceptance to the program is contingent on Common River's receipt and review of all forms.**

Tuition and Terms of Payment: The 25% deposit sent with this Registration & Terms of Agreement is non-refundable. Any balance on summer programs are due by May 15. Your credit card will be charged unless other arrangements have been made with Common River. Summer registrations received after May 15 must be accompanied by full payment.

Cancellation, Alteration and Return: a) Your 25% deposit is non-refundable; b) CR will not refund or reduce program cost for late or non-arrival, early withdrawal or participant cancellation for any cause; c) CR reserves the right to cancel or alter any aspect of our program, including program itinerary, trip dates, activities or location, as a result of unforeseen circumstances, including weather, environment, or health hazards. If CR cancels a trip, your payment will be refunded in full, but CR will not be held responsible for fees associated with your canceled travel reservations or equipment purchased for the trip (including non-refundable air tickets); d) If participant is dismissed or departs for any reason (including choosing to return home early from the program), no refunds can be granted, and participant and/or parent/s are responsible for any and all costs of early departure, whether for medical reasons, personal emergencies or otherwise. These costs include, but may not be limited to: evacuation and costs, medical treatment, plane, train or other transportation costs or fares, meals, lodging, and expenses for staff who may accompany participant.

Costs and Insurance: You are required to have medical/health insurance on you/your child. We highly recommend that participant or parent/s consider purchasing additional medical and trip cancellation and/or travel insurance to cover these costs and/or losses, as well as reviewing their own personal

insurance to check and understand their coverage. Note: If you are traveling with us outside the U.S., your personal medical insurance may not cover participant's medical expenses while on program.

Participant/Parent Behavior & Expectations:

Participants must abide by Common River's rules and policies.

CR feels that each participant has the right to be respected and to participate in a positive learning environment.

Participants are expected to have a good attitude. If a participant chooses to ignore behavioral expectations, or for any other reason, staff may, in their discretion, contact the parent/s, excuse the participant from the activity until he/she agrees to behave, and/or dismiss the participant from the program (see below).

CR reserves the right to dismiss any participant from the program that staff believes, in their discretion, presents a safety concern or medical risk, is disruptive, or otherwise conducts herself in a manner detrimental to the program. Conduct that CR considers detrimental to the program and that can result in dismissal includes, but is not limited to: use or distribution of illegal drugs, alcohol, or tobacco products; theft; falsifying medical records and/or not disclosing medical conditions.

Even if a participant is accepted on a program, it is ultimately up to the participant (or parent/s and their son or daughter), in conjunction with their physician, to decide whether a CR program is an acceptable match for them. Please see the CR Medical & Health Information form, and Acknowledgment and Assumption of Risks & Release and Indemnity Agreement for further details. Participant understands that they share in the responsibility for their own well being, and the well being of the group.

Equal Opportunity: CR provides equal opportunities to all, and does not discriminate regarding its employees or participants on the basis of race, color, gender, religion, national or ethnic origin, sexual orientation, age, or disability.

Photo Permission/Release: I authorize CR, and/or parties designated by CR, to use my or my child's photo, video, recording and/or written statements, in any manner CR desires, for advertising, display or other use, without review by, or compensation to, participant or parent/s.

Lost, Stolen or Damaged Property: CR is not responsible for a participant's lost, stolen or damaged personal belongings. In addition, participant and/or their parent/s will be held responsible for damage to, or loss of TA property or equipment. This may include sharing in the group's collective responsibility for willful equipment/property destruction or loss.

For all participants & parent/s: I have accurately completed this Registration and have read, understand and agree to the Terms outlined above. I agree to review all program materials sent, to complete all required forms, and to abide by the terms of those documents. The parent gives his/her child permission to participate in all CR activities and programs. In the unlikely event that a dispute cannot be settled through discussion, I agree that Colorado law (without regard to its conflict of laws rules) will govern all aspects of participants' and/or parent/s' relationship with TA, and that any mediation, suit or other dispute will be filed or entered into only in Marin County, California.

A parent must sign below if participant is under 18 yrs. of age.

Participant's signature _____ Date _____
Parent or Guardian signature _____ Date _____



2010 Medical & Health Information Form 2 (2 pages)

To All Participants and Parent or Guardian (hereafter 'parent/s') of minors (those under 18 yrs.):

We ask that you complete this information carefully and accurately. This information will be shared only with CR personnel or individuals working with CR. Otherwise, the information will remain strictly confidential. Participation in CR activities includes a review of participant's medical and health information. Disclosing information in this form does not automatically exclude participation. CR would like to obtain accurate information about a participant's health, and understand any health concerns or limitations. We do not require a physician's exam before participation. **Understand that although CR may allow participation, it is ultimately up to the participant (or parent/s and their son or daughter), in conjunction with their physician, to decide whether a TA program is an acceptable match for them.** CR activities can be strenuous and can offer exercise different than what participant may be accustomed to. Please review the CR Acknowledgment and Assumption of Risks & Release and Indemnity Agreement and specific trip descriptions for further information regarding CR activities and associated risks, or call us at 415-559-6527 if you or your physician have further questions about the nature and physical demands of these activities, or other concerns.

Student's name: _____ Age: _____ Date of Birth: _____

Male/ Female: _____

Name of Program requested: _____

Names of Parents/Guardians: _____

Participant has the following allergies/ailments/food restrictions:

Participant currently takes the following medications: _____

Medication Dosage Side effects/restrictions Prescribed by? For what condition? _____

Parent/s give/s CR permission to give the above prescription to their child in such time and doses as is necessary when attending CR programs. Parent/s will inform CR immediately should there be any changes in their child's medication regime.

Does participant have any condition (e.g., mental, physical, emotional or otherwise), which might affect participant's well being, the well being of others, or affect participant's ability to engage in CR activities?

Are there any limitations on participant/s ability to participate in any CR activities?

Please list any pertinent medical history or chronic medical problems that our instructors should be aware of: _____

Immunization History (please attach if available): (Any additional information attached? Yes No)

Medical Permission and Authorization:

I authorize Common River staff, representatives, contractors or other medical personnel to obtain or provide medical care for me or my child, to transport me or my child to a medical facility and to provide treatment (including routine or emergency health care, hospitalization, medications, anesthesia, surgery) they consider necessary for my or my child's health. I agree to the release (to or by CR) of any records necessary for treatment, referral, billing or insurance purposes. Except to the extent limited in this form, participant has permission to participate in all CR activities and programs.

In case of any life threatening or other medical emergency, CR will attempt to contact me, or my friend or relative listed below, as soon as possible, at one of the following phone numbers.

Home or Local Accommodation's' Phone #: _____

Cell Phone # (mother): _____ (father): _____

Work Phone # (mother): _____ (father): _____

Employer (if applicable): _____

Please include any special instructions on how to contact you while your child is attending CR program:

My child is insured under the following insurance company:

Policy #: _____ We have no health insurance

My child's physician is: _____ Phone #: _____ Address: _____

My child's dentist is: _____ Phone #: _____

Address: _____

I (participant and parent(s) of a minor participant) agree as follows:

To the best of my knowledge, this Medical & Health Information form contains accurate information. I will contact CR if any medical or health condition changes before the start of the program. I understand that providing inaccurate medical or health information or falsifying medical or health information can create serious risks to participant or others, and/or can result in a participant's dismissal from the program. I understand my/my child's ability to participate is contingent upon CR's review of all forms, including this one. I understand that although CR will review this information and may allow participation, CR cannot anticipate or eliminate risks or complications posed by an individual's mental, physical or emotional condition. **A parent must sign below if participant is under 18 yrs. of age.**

Participant's Signature _____

Date _____

Parent/Guardian Signature _____

Date _____



2010 Participant Acknowledgement and Assumption of Risks & Release and Indemnity Agreement (form 3)

PLEASE READ THIS ENTIRE DOCUMENT (hereafter 'Document') CAREFULLY BEFORE SIGNING. All participants must sign this Document. For participants under 18 years of age (hereafter sometimes 'minor' or 'child'), one or both parents or guardians (hereafter collectively 'parent/s') must also sign.

In consideration of the services of Common River, a California non-profit corporation, and its officers, directors, employees, representatives, agents, independent contractors, and all other persons or entities associated with it (collectively referred to in this Document as 'CR'), I (participant and parent/s of a minor participant) acknowledge and agree as follows:

Common River contracts with individuals or organizations that are independent contractors (not their employees or agents) to provide some of the services, and to conduct some of the activities participants may engage in. Participant (and parent/s of minors) acknowledges that they may independently investigate and assess these organizations and activities, if they choose to do so.

ACKNOWLEDGMENT & ASSUMPTION OF RISKS

I, and my parent/s, if I am a minor, acknowledge that participating in these activities involves inherent and other risks, hazards and dangers (referred to in this Document as 'risks') that can cause or lead to injury, damage, death or other loss to participant or others. The following includes some, but not all of those risks:

Risks present in an outdoor or wilderness environment. These risks include travel in high altitude, mountainous or wilderness terrain both on and off trail. Participants' travel may be subject to lightning; strong winds; fast moving rivers or other water bodies; difficult stream crossings, currents or whitewater; falling rocks; extremely hot or cold weather or water; snow and ice; fallen timber; stinging or disease carrying animals or insects; poisonous plants; unpredictable behavior of horses, llamas or other domestic animals; wild animals and other natural or man-made hazards. Hazards (both on land and above and below water level) may not be marked or visible and weather is unpredictable year-around.

Risks associated with travel in a foreign country. Travel can be on foot or by vehicle, plane, train, bicycle, animal, boat or other means and can be over rough and unpredictable terrain or water bodies, with adverse weather conditions. Travel can involve unique risks, such as political unrest, terrorism and warfare, contact with unusual diseases, exposure to contaminated food or water, dangerous road or travel conditions, thievery, abduction and other risks. Participants may be subject to laws and legal systems in foreign countries that do not provide the same protections as the U.S. legal system.

Risks in decision making, including, without limitation, the risk that a CR staff member, representative, co-participant or contractor may misjudge a participant's capabilities, health or physical condition, or misjudge some aspect of instruction, medical treatment, weather, terrain, water level, or route location.

Personal health and participation risks. The risk that participant's mental, physical or emotional condition (disclosed or undisclosed, known or unknown) combined with participation in these activities could result in injury, damage, death or other loss.

Risks connected with geographic location. CR activities may take place in remote places, several hours from any medical facility, causing potential delays or difficulties with communication, transportation, evacuation and medical care. Although CR personnel may have wireless communication devices (including cell phones) while conducting programs, use of these communication devices in outdoor, mountainous and/or wilderness terrain is unreliable and inconsistent.

During both supervised and unsupervised activities, all participants share in the responsibility for their own well-being and the well-being of the group.

Other risks that are generally associated with instructional, educational and/or adventure activities.

These and other risks may result in participants: falling partway or falling to the ground; being struck; colliding with objects or people; experiencing vehicle or boat collision or capsizing; drowning; reacting to weather conditions or increased exertion; suffering gastro-intestinal complications or allergic reactions; becoming lost or disoriented, or experiencing other problems. These and other circumstances may cause hyperthermia, hypothermia, high altitude sickness, frostbite, dehydration, burns, heart or lung complications, broken bones, concussions, paralysis, mental or emotional trauma, or other injury, damage,

death or loss. I (participant and parent/s of a minor participant) agree:

To accurately complete all required forms, abide by the terms of those documents, and obey all CR rules and policies;

If participant has any mental, physical, or emotional conditions or limitations that might affect his/her ability to participate, we agree

to disclose those to CR, and represent that participant is fully capable of participating without causing harm to him/herself or others;

To review all program materials and information received, and understand that CR representatives are, and have been available, should we have further questions about these activities and the associated risks;

TA staff or other personnel cannot assure participant's safety or eliminate any of these risks.

Participant is voluntarily participating with knowledge of the risks. Therefore, participant and parent/s of minors, assume and accept full responsibility for the inherent and other risks (both known and unknown) of these activities, and for any injury, damage, death or other loss suffered by participant and his/her parent/s, resulting from those risks and/or resulting from participant's negligence or other misconduct.

RELEASE AND INDEMNITY AGREEMENT

Please read carefully. This Release and Indemnity agreement contains a surrender of certain legal rights. I (adult participant, or parent/s for themselves and for and on behalf of their participating minor child) agree as follows: to release and agree not to sue CR, with respect to any and all claims, liabilities, suits or expenses (including attorneys' fees and costs) (hereafter collectively 'claim' or 'claim/s') for any injury, damage, death or other loss in any way connected with my/my child's enrollment or participation in these activities, or use of CR equipment or facilities. I understand that in signing this Document, I, my child, and anyone acting on my or my child's behalf, surrender our respective rights to make a claim against CR as a result of any injury, damage, death or other loss suffered by me or my child

to defend and indemnify ('indemnify' meaning protect by reimbursement or payment) CR with respect to any and all claim/s brought by or on behalf of me, a family member, a co-participant, or any other person for any injury, damage, death or other loss in anyway connected with my/my child's enrollment or participation in these activities or use of TA equipment or facilities.

This Release and Indemnity Agreement includes claim/s resulting from CR's negligence (but not its gross negligence or willful, wanton or criminal misconduct), and includes claim/s for personal injury or wrongful death (including claim/s related to emergency or medical response, assessment or treatment), property damage, breach of contract or any other claim.

CONCLUSION

I (participant and parent/s of a minor participant) agree that California substantive law (without regard to its conflict of law rules) governs this Document, any dispute I have with CR and all other aspects of my relationship with CR, and that any mediation, suit, or other proceeding must be filed or entered into only in Marin County, California. I agree to attempt to settle any dispute (that cannot be settled by discussion) through mediation before a mutually acceptable Colorado mediator. This Document is intended to be interpreted and enforced to the fullest extent allowed by law. Any portion of this Document deemed unlawful or unenforceable shall not affect the remaining provisions, and those remaining provisions shall continue in full force and effect.

Participant and parent/s of a minor participant agree: I have carefully read, understand and voluntarily sign this Document and acknowledge that it shall be effective and binding upon me, my minor children, spouse and other family members, and my heirs, executors, representatives and estate. One or both parent/s must sign below if participant is under 18 years of age.

Participant Signature _____ Date _____

Print name here _____

Parent/Guardian Signature _____ Date _____

Print name here _____



BEHAVIOR PROTOCOLS

PREAMBLE:

Common River seeks fullness of life with dignity, justice, peace and hope for every girl and boy, in partnership with their communities, the Government and other NGOs. We pursue this goal through a community-based sustainable development program.

We are committed to transformational development in the community and equally to our own transformation. In our mission, our lives must be an example of transformed lives and relationships and model. The following are standards and practices we require of all our staff, volunteers and visitors.

STANDARDS WE UPHOLD:

- ◆ Respect and treat everyone equally (including the differently abled) without any bias
- ◆ Respect children as future citizens and to protect/prevent any form of Child abuse or exploitation
- ◆ Respect with dignity other's view on culture and religion
- ◆ Respect/Value gender sensitivity and to behave with opposite sex in a manner that is acceptable to the local culture.
- ◆ Respect the culture and heritage of the country and to celebrate the uniqueness of every individual culture

PRACTICES WE FOLLOW:

- ◆ We would be disciplined in work, being punctual and delivering more than expected.

- ◆ We would avoid gossip or misuse of our time and resources for personal gains.
- ◆ We would follow the dress code appropriate to the local culture and ethos.
- ◆ We would avoid personal agenda or financial interest that would result in conflict of our commitment to the organization.
- ◆ We would be transparent and honest in all financial dealings
- ◆ We would stand against receiving or giving any bribe in cash or kind
- ◆ We would obey the rules and the laws of the land
- ◆ We would be environment friendly and not endanger it in anyway.
- ◆ We would be clean in our habits and refrain from smoking, drinking or any other behaviour that will be seen as a bad habit by the community.
- ◆ We would not indulge in any immoral or illegal activities detrimental to the Government, Country, or the Society.
- ◆ We would protect public property as our own property

SECURITY PROTOCOLS

1. General

- Dress conservatively, considering the local customs and dress codes.
- Do not display jewelry, cash, keys, or other valuables.
- Do not accept "edibles" from strangers.
- Carry the address of your destination written out in the local language.
- Good to carry a shoulder –bag with the essentials viz. important documents, first-aid bag with personal medicines, eatables, packaged water, a torch, a list of Important telephone Nos. and addresses.

2. Safety When Traveling

(More than 50% of all security incidents occur during travel)

- Always travel in pairs (at least two) whether on foot or by vehicle.
- Look confident. Dress sensibly, with valuables out of sight.
- Carry a list of emergency names, addresses, and phone numbers
- Carry a photocopy of your passport (file a second copy at the Relief Office). If you are carrying the original, consider disguising it with a slip-on cover.
- Night travel is not recommended.
- Never carry unauthorized passengers
- Travel at a constant-safe speed for the prevailing conditions.
- Keep a minimum number of windows open (no more than 5 cm and only those windows near occupied seats).

3. Safety in Vehicles

Traffic and vehicle-related accidents are among the top causes of injuries and fatalities among aid personnel.

- Wear seat belts—always for long drives when available.
- Sit in the rear side and if traveling alone then on the rear-left.
- Never drive the vehicle
- Carry a cell-phone with all the Important contact Nos.
- **Notify others of your travel time and destination and expected time of your arrival.**

4. Safety When Stopped by Police

- Always stop and exercise caution with a confident and friendly disposition.
- Allow the local staff and the driver to handle.
- If at night, ask the driver to dip beams and switch on dome light.
- Show ID if requested, but do not surrender it.

5. Safety in Hotels

- Always secure doors when inside your room, using locks and security chains.
- Be alert to the possibility of being followed to your room.
- Examine the room, including cupboards, bathrooms, beds, and window areas for anything that appears suspicious.
- Check to be sure the telephone is working properly.
- Keep room curtains closed during hours of darkness.
- Do not open the door to callers (including hotel staff) unless each caller has been identified, either by use of the door peephole or room telephone service.
- Note the emergency routes and exits in case of fire or emergency.
- Do not leave Valuables, cash or other important document in your room.

6. Safety When Involved in a Traffic Accident

Accidents involving international staff can heighten security risks. When involved in an accident, do the following:

- Quickly discern the attitudes and actions of people around the accident site. Do not flee from site unless staff safety is jeopardized and only to drive to the nearest police.

7. Safety when walking

- Always walk with at least two or three companions.
- Be aware of your surroundings.
- Always avoid groups of people loitering around.
- Avoid walking too close to shrubbery, dark doorways, and other places of concealment.
- Maintain a low profile
- Carry a small amount of cash in your Keep the rest in one or two separate pockets.
- Avoid carrying credit cards or other important documents.

8. Safety for Women

- Dress and behave conservatively. Do not display jewelry, cash, keys, or other valuables.
- Follow your instincts. If you feel uncomfortable about a location or person, leave immediately.
- Never risk your life for material possessions.
- Do not hesitate to call attention to yourself if you are in danger

United States - Embassy

Addis Ababa

Phone: 251-1-55-06-66

Fax 251-1-55-13-28



EMERGENCY CONTACT NUMBERS

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