



Mission Haiti, Inc. Volunteer Application

General

Name _____ Date of Birth ___/___/___

Male ___ Female ___

Home Address:

Street _____

City _____ State _____ Zip _____

E-mail _____

Phone _____ Cell _____

Would you like to share your email with other team members? Yes ___ No ___

Marital Status: Married ___ Single ___ Other _____

Spouse's Name _____

Name and ages of children _____

Emergency contact (Name, address, phone, relationship) _____

Health

Your health: Excellent ___ Good ___ Fair ___ Poor ___ Other _____

Comments _____

Employment

Occupation _____ # of Years _____

Job Description _____

Do you wish to serve in this occupation? Yes ___ No ___ Other _____

Medical personnel only - complete this section

Specialties _____

Practicing: Full-time ___ Part-time ___ Retired ___ Student in ___ year Intern ___

Board Certification(s) _____

Are you presently involved in malpractice litigation? Yes ___ No ___ (If "yes," please explain on separate sheet)

Church you attend

Name _____ Affiliation _____

Street _____ City _____ State _____

Zip _____ Phone (____) _____ Email _____

Pastor's Name _____

Other religious, civic, community activities _____

Prior Trip Experience

Have you ever been on a mission's trip? Yes ___ No ___

If yes, name of agency or ministry served: _____

Length of trip(s) _____

List overseas experience, location, length, accomplishments _____

Foreign language(s) and proficiency _____

Insights

What motivated you to volunteer for a short-term mission trip? _____

List your skills, hobbies or abilities _____

What do you hope to accomplish on this trip? _____

Travel

Name of nearest city with a major airport from which you prefer to depart? _____

Do you have a valid passport? Yes ___ No ___ Applied ___

Are your immunizations current? Yes ___ No ___

Passport Number _____ Issued at _____

Date Issued _____ Expiration date _____

References

Name _____ Phone (____) _____
 Address _____
 City _____ State _____ Zip _____
 Relationship _____ Email _____

Name _____ Phone (____) _____
 Address _____
 City _____ State _____ Zip _____
 Relationship _____ Email _____

For consideration for acceptance of my application, I do hereby for myself, my heirs, executors, and administrators, waive, release, and forever discharge any and all rights and claims for injury or illness (including death) whether physical, mental, or emotional, or property damage or loss of any nature, which I may have or which may hereafter accrue to me against Mission Haiti, Inc. their officers, directors, servants, or agents, individually or collectively for any and all damages and liabilities which may be sustained and suffered by me in connection with my associations with and/or arising out of my traveling to, participation with, and return from any Mission Haiti, Inc. work, services or activities.

Furthermore, I acknowledge that if my application is accepted I will present myself at all times as a representative of Mission Haiti, Inc. showing Christ like love and compassion to all I meet. I will not enter into any agreements or negotiations, will not imply any future communications, will not give any current and/or promise any future support to anyone in Haiti, and will not provide any personal contact information to anyone in Haiti without the expressed consent of the President, Vice-President, Chairman of the Board or the Team Leader of my group. I acknowledge that this is important as only the leadership of Mission Haiti, Inc. understands the full scope of its Ministry in Haiti, and that "side deals", or unfulfilled promises may lead to mistrust and actually hinder the work of Mission Haiti, Inc.

I certify that the information listed on this application is true.

 Printed Name of Applicant

 Signature of Applicant

 Date

If applicant is a minor (under 18), the parent/guardian must sign below:

 Print name of parent/guardian

 Relationship to minor

 Signature of parent/guardian

 Date

Mission Haiti, Inc. Emergency Medical Form

Name (as on passport) _____
 Birthdate _____
 Address _____ City/State _____
 Zip _____

Consent to Treat

I, _____, give my consent for myself or the above mentioned minor, to receive medical and surgical treatment should conditions so require it. I impose no specific limitations or prohibitions regarding treatment, with the following exceptions, if any.

I authorize my physician (s) to release any information necessary for treatment. Consent for minor is granted if every reasonable effort has been made to contact parent or legal guardian.

Date _____

Signature _____

(Parent or legal guardian must sign for a minor)

Emergency Contacts

Name _____ Phone _____

Name _____ Phone _____

Physician's Name _____ Phone _____

Medical History

Known allergies _____

Medicine required for those allergies _____

Medicine currently being taken on a regular basis (prescription & non-prescription)

Current medical conditions requiring treatment _____

Medical limitations of any kind _____

Significant past medical history (include dates) _____

DISCLOSURE OF RISK, AGREEMENT OF WAIVER, RELEASE AND HOLD HARMLESS

I, _____
 First Name Last Name

 Street Address

 City State Zip

 Email

Hereby agree and acknowledge:

1. I understand that any travel, volunteer work, or other activities I undertake in connection with Mission Haiti Inc. Enka, N.C. involves inherent risks to my property, health, and life and I further understand the nature of such risks.
2. No principle, officer, director, or other person associated with or acting on behalf of Mission Haiti Inc. Enka, N.C. has disavowed or contradicted anything in this document, including the statements regarding the existence and nature of the risks involved.

3. The undersigned recognizes and acknowledges that Mission Haiti Inc. Enka, N.C. is a charitable, non-profit corporation engaged in human services and relief activities. The undersigned, for himself/herself, and members of this team, does hereby freely and knowingly waive any and all actions, causes of actions, claims, and demands for or by reason of loss of life, bodily injury loss, including, but not limited to the contraction of any endemic diseases, costs, damage, or expense for any act or omission on the part of a third party upon the part of Mission Haiti Inc. Enka, N.C. or any of its officers, directors, or servants for anything in any way arising from or connected with, either directly or indirectly, any volunteer activities of the undersigned volunteer or of Mission Haiti Inc. Enka, N.C. The undersigned realizes that activities which he/she intends to pursue may entail some amount of risk or possible danger and desires to personally assume such risks.
4. This agreement is intended to be as broad and inclusive as permitted by the laws of the state of North Carolina. This agreement is to be governed by the laws of the state of North Carolina. If any portion of this agreement is held invalid, it is agreed that the remainder shall nevertheless continue in full force and effect.
5. I enter into this agreement freely and voluntarily in consideration of the permission to participate in the activities described herein and of the benefits associated with such activities. I understand that this agreement is contractual and binding upon me.
6. I have read this document and understood and agreed to all of its contents before signing it.

Signature

Date

Parent or Guardian (Print)

Parent or Guardian (Signature)

Date

Travel Insurance

While most of us have health and life insurance that covers us and our family some of you may be surprised to learn that many health insurance plans that cover us here in the United States may not cover us when we travel outside the United States. In the event that a situation arises where you experience a serious health issue, theft of personal property or death; having a supplemental insurance policy that will provide the funds to return you to the United States is an investment worth examining. Mission Haiti, Inc. does not require volunteers taking trips with us to purchase temporary travel insurance however; we do encourage you to at least look in to this option. Gallagher Charitable International Insurance Services of Columbia, SC has a proven record of providing supplemental insurance for individuals making short term mission trips overseas. You can find out more about them and the insurance products they provide at their website www.aaintl.com.

Please mail application to:

Mission Haiti, Inc.
PO Box 1605
Enka, NC 28728