

HELPING HANDS FOR HAITI MISSION TRIP APPLICATION

GENERAL

Name _____ Date of Birth ____ / ____ / ____

HOME ADDRESS:

Street _____

City _____ State _____ Zip _____

E-mail _____

Phone _____ Cell _____

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

Emergency Contact (name, address, phone, e-mail, relationship) _____

HEALTH

Special dietary needs _____

Health conditions we should be aware of _____

INSIGHTS

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

What do you hope to accomplish on this trip? _____

TRAVEL

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

Are your immunizations current? Yes ___ No ___

Passport Number _____ Country Issued _____

Date issued _____ Expiration date _____

WAIVER

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 Helping Hands for Haiti or their officers, 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 Helping Hands for Haiti work, services, or activities.

I have read the orientation Booklet and understand the expectations described.

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

Printed name of Applicant _____

Signature of Applicant _____

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

Print name of parent/guardian _____

Signature of parent/guardian _____

Relationship to minor _____ Date _____

Please mail or e-mail application and a copy of passport to:

Helping Hands for Haiti
45406 – 295th Street
Irene, SD 57037
dave@helpinghandsforhaiti.com