

Mission To Haiti Canada

Volunteer Mission Team Application PO Box 39, Norwich, ON N0J 1P0

- Please return this application as soon as possible, along with a \$50 deposit to secure your place on the team.
- Everyone will need a valid passport to enter Haiti. Apply early – it may take 6 weeks to receive a new passport.

Personal Information

Please Print

The team I would like to join is _____. I will be traveling ___ by myself ___ with a group.

Name (as it appears on your passport) _____ Passport # _____ Expiry Date ___/___/_____

_____ Last _____ First _____ Spouse (if applicable) _____
Date of Birth ___/___/_____ _____/___/_____ Spouse _____

Address _____ Street _____ City _____ State/Province _____ Zip/Postal Code _____

Home Phone _____ e-mail _____

Person to contact in case of an emergency _____

Relationship _____ Phone _____

Church you attend _____

Pastor or church leader who knows you well _____

Church Address _____ Street _____ City _____ State/Province _____ Zip/Postal Code _____

Church Phone _____ How long have you attended? _____

Group leader _____ Phone _____

Reference Information

Please list one reference

Name _____

Address _____ Street _____ City _____ Zip/Postal Code _____

Phone : Home _____ Work _____

Medical Information

How do you rate your present health? ___ Excellent ___ Good ___ Fair

Are you or your spouse currently under a doctor’s care for any major condition? ___ Yes ___ No

If yes, please specify: _____

Do you or your spouse have any physical limitations and / or disabilities we need to be aware of?

___ Yes ___ No

If yes, please specify: _____

Are you or your spouse currently taking any medication? ___ Yes ___ No

If yes, please specify which medications you take and what they are for: _____

Primary Doctor _____ Phone _____

Medical Insurance Provider _____ Policy # _____

Address _____ Phone _____

Where are you interested in serving? You may choose more than one.

- ___ Construction ___ Medical Clinics ___ Electrical *
- ___ Plumbing ___ Dental Clinics*
- ___ Masonry ___ Pharmacy*
- ___ Camp/Kitchen
- ___ Where I’m needed most

* Must be 16 or older to serve. Depending on your skills and where you are needed most, your final project assignment will be made when you arrive in Haiti.

I hereby release Mission To Haiti and all persons associated with this organization, either on the field or in the U.S., from any liability for health impairment or bodily injury as a result of pre-existing health conditions. I, myself, will be responsible, while volunteering on a mission team, for monitoring and managing all aspects of any pre-existing condition.

Signed _____

Signed _____

Date _____

Mission to Haiti Canada

Mission Team Waiver and Release

In consideration of being allowed to participate in the trip sponsored by Mission To Haiti Canada and in consideration of the benefits to be derived there from, I hereby release Mission To Haiti Canada and its present and former officers, directors, employees, agents and their heirs, administrators, executors, successors and assigns from all claims and liabilities of any kind, where known or unknown, which arise from or are connected in any way with my participation or the participation of any member of my family including my spouse or minor children, in the trip.

I recognize that the conditions in some of the places to which my spouse, my children, or I will travel are not of the same standard as the conditions to which I am accustomed. I realize further that there are certain health risks as well as other risks to personnel and property, and I enter into participation in this trip and agree to the participation of my spouse or minor child with the knowledge of those risks. If for any reason I or my spouse or child is unable to complete the planned stay at the project, I assume full responsibility for expenses incurred for me or my spouse or my children's safe return home.

In the event of an emergency, and I am incapacitated to make my own decisions I hereby authorize a leader of this activity, as an agent for me or my spouse or my children to consent to: any x-ray, examinations; medical, dental or surgical diagnosis treatment; hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state or country where services are rendered, either at a doctor's office or in a hospital. I expect my family to be contacted as soon as possible.

I certify that I am of a lawful age and competent to sign this Release, and have done so voluntarily.

I understand that this document constitutes a full and complete waiver of all possible claims for any act or omission, including claims for negligence regarding injury or property damage, arising out of my participation in the trip.

I understand that this Release applies to, covers, and includes unknown, unforeseen, unanticipated, and unsuspected damages, losses, or liabilities and the consequences thereof; which result from the matters hereinbefore implied as well as those now disclosed and known to exist. The provisions of any state, federal, local, territorial law or statute providing in substance that releases shall not extend to claims or damages which are unknown or unsuspected to exist at the time are hereby expressly waived by me.

Should any dispute or controversy arise, I agree to seek resolution according to Biblical principles.

NAME OF PARTICIPANT _____

NAME OF THE SIGNER OF THIS DOCUMENT
(Participant or Guardian) _____

RELATION TO PARTICIPANT _____

SIGNED _____ DATE _____

I want this document to cover my mission trip, as well as all future trips.

SIGNED _____ DATE _____