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| **Trip Sponsor/ Church Name****Travel Dates** |

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# L.I.F.E. Trip Participant Application

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| **Name (as it appears on your passport**  |
| **First**  | **Last**  | **Name you would like to be called** |
|  |   |  |
| **Address Street** | **City** | **State** | **Zip** |
|  |  |  |  |
| **Cell Phone**  | **House Phone** | **Work Phone** | **Date of Birth** | **Male** | **Female** |
|  |  |  |  | [ ]  | [ ]  |
| **Email**  | **Passport Number**  |
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|  |  |
| --- | --- |
| **Place of Employment (If employed)** | **Occupation (If retired, please note previous occupation)**  |

**Name exactly as it appears (or will appear) on your passport (required)** |
|   |
| **Religious affiliation / denomination and place of worship (if any)** |
|  |
| **Physical or Medical limitations** (Please describe your level of physical activity and any limitations, i.e. no lifting over 30lbs, back problems, heart condition, overheat easily, unable to walk more than 2 miles, etc.) |
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| **Please list prescribed medications and condition(s) for which you take them** |
|  |
| **Food allergies or dietary needs (including vegetarian)** |
|  |
| **Are you covered by accident and health insurance?** | **Name of insurance provider and policy number**  |
| **Yes** [ ]  | **No** [ ]  |  |
| **Is coverage provided for foreign travel?**  | **If yes, for how many days?**  |
|  |  |

Please complete the Volunteer Information form. Enclose a photocopy of the first page of your passport with your completed form. If you are awaiting a passport, return this form at this time and send the passport copy later.

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| **Have you volunteered with Haiti Teen Challenge before?** | **If yes, list dates** |
| **Yes** [ ]  | **No** [ ]  |  |

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| **Do you speak/write Creole or French?** **Would you feel comfortable leading activities? (You would need to bring relevant materials and plan a lesson)**  |

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| **Please list specific skills/expertise/interests you have to offer, as this information helps us determine what activities to plan while you are in Haiti.**  |
| [ ]  Cooking [ ]  Dentistry [ ]  Music [ ]  Carpentry  [ ]  Electrical [ ]  Medical [ ]  Sewing [ ]  Plumbing [ ]  Arts/Crafts[ ]  Beautician [ ]  I.T. [ ]  Teaching [ ]  Other *Please provide a brief description of your experience in each area you checked:* |

## In Case of Emergency, Please Contact:

\*If under 18 years of age, one of the contacts should be a parent(s)

|  |  |
| --- | --- |
| **Name(s)** | **Relationship** |
|  |  |
| **Full Address (street, city, state, zip)** |
|  |
| **Cell Phone** | **Home Phone** | **Work Phone** |

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| **In the event of a medical emergency, I herby authorize those in charge to take me to the nearest licensed physician, medical center or hospital and to secure necessary treatment (medications, injections, anesthesia or surgery) to protect my well being. I will be responsible for all medical costs no covered by my insurance.** |
| **Signature** | **Date** |

## Reason for Joining a L.I.F.E. Trip:

Why do you want to be a Haiti Teen Challenge L.I.F.E. Trip volunteer and what are your goals for this trip? Why now, and why Haiti? Please use the space provided.

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**Personal Background:** Please help us get to know you better by responding briefly to the following questions.

1. Have you traveled to a foreign country previously? If yes, in what context?

2. What strengths do you see yourself contributing to this L.I.F.E. Trip?

3. What do you enjoy doing in your free time?

**Please complete and return to your team leader, mail or email to:**

Haiti Teen Challenge
Attn: Aaron Hartman
9349 Hillingdon Road

Woodbury, MN 55125

Aaron.hartman@haititc.org

Remember to include a photocopy of the first page of your signed passport with this form.

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# Acknowledgement of Risk, Release, and Waiver Form

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, in consideration of my participation on this trip to Haiti with Haiti Teen Challenge do represent and agree that:

1. I am prepared physically, emotionally, mentally and spiritually for this trip. The scheduling, environment and other foreign country and travel conditions are not adverse to me. I will be flexible and have a servant attitude.

2. I grant to any of the Haiti Teen Challenge leaders or its contracted agents the right to represent me in decisions relating to my welfare or the group welfare during the trip. I will follow the suggestions made on my behalf.

3. I am aware of the hazards and risks to myself and property associated with this mission trip. I have read the U.S. State Department’s Travel Advisory (if any) for this country found at <http://travel.state.gov/travel_warnings.html>. These risks include, but are not limited to, death or injury by accident, disease, terrorist acts, weather conditions, and inadequate medical services and supplies. I accept these conditions with full awareness and I assume all risks of death, injury, illness, terrorist assaults and personal property loss or damage associated with such risks.

4. I attest and certify that I am physically fit and have no medical conditions that would prevent me from performing my assigned duties which may include long vehicle rides on bumpy roads, high altitude, heat, limited and infrequent meals. I am aware of the disease risks associated with foreign travel and I accept these risks.

5. I waive any and all claims for damages against Haiti Teen Challenge or its leaders or agents, arising from death, injury, illness, inconvenience, or in property damage or loss occurring as a result of this mission trip for any reason including but not limited to any negligent act or acts of Haiti Teen Challenge or its leaders or agents which may in any way cause death, injury, illness, inconvenience or property damage or loss to me. I have read this release in its entirety, understand its contents and agree to them of my own free will.

6. As a Haiti Teen Challenge volunteer, I grant Haiti Teen Challenge permission to use photos and trip evaluation comments in publications, web pages, brochures and press releases in order to continue promotion of Haiti Teen Challenge. Please inform us by phone or email if you do not grant us permission.

Note: if applicant is under 18 years of age, this form must be co-signed by a parent or legal guardian.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Required for applicants under 18)