

Volunteer Application

Name (as it appears on your passport): _____

Date of birth: _____ Passport #: _____

Address: _____ Gender: Male Female

Email address: _____ Phone #: _____

Occupation: _____ Credentials: _____

- Please provide (2) professional references on reverse side or separate document.
- Please send a current copy of your professional medical license with your application (only applies to medical volunteers)

How did you hear about FOTCOH? _____

Who were you referred by? _____

Why do you want to participate as a volunteer with Friends of the Children of Haiti?

Do you have any health related problems or physical limitations? If yes, please explain:

Choose the volunteer trips you would like to be considered for: Medical Clinic Trip Education Clinic Trip

Which trips would you like be considered for? JAN FEB MAR APR MAY JUNE JULY AUG SEPT OCT NOV DEC

Please indicate your preference: 1-week option (Education or Medical Clinic) 2-week option (Medical Clinic only)

If you have previously volunteered with FOTCOH, please tell us which Team you were on: _____

Please list (1.) name of person to contact in case of emergency and (2.) name of your chosen beneficiary and relationship (such as "spouse") for insurance enrollment:

1. Name: _____

2. Name: _____

Email address: _____

Email address: _____

Phone #: _____

Phone #: _____

Relationship: _____

Relationship: _____

Acknowledgement of Risks & Conditions and Waiver of Liability

1. An individual embarking on a venture with Friends of the Children of Haiti must understand certain risks and conditions, which will exist as a result of this venture. Because of the nature of the activities in which Friends of the Children of Haiti is engaged, an individual associated with Friends of the Children of Haiti will be exposed to certain hazards and risks. These hazards can include, by way of example and not limitation, the following: the dangers and uncertainties of travel, physical exertion, loss of sleep, physical, emotional and psychological stress, adverse weather conditions, dietary restrictions, poor living environment, together with possible exposure to disease resulting from the treatment of people needing medical assistance.
2. A trip to Haiti can be a physically and mentally challenging and stressful activity, requiring significant physical exertion, an ability to adjust to the conditions and circumstances described above, as well as other conditions which can be encountered in traveling and working a different part of the world, which conditions cannot be totally anticipated prior to departure.
3. Because of the physical challenges involved, persons with known physical limitations that may affect health and safety under the conditions described above, including but not limited to heart and lung disease and hypertension, are advised to check with a physician before participating in these activities.
4. I accept responsibility for my welfare.
5. For good and valuable consideration, the receipt and sufficiency of which is acknowledged, I release and waive any claim for injury and property damage that might result in any way to my person and/or property as a result of my association with Friends of the Children of Haiti. I agree to indemnify and hold harmless Friends of the Children of Haiti, its agents and those associated with it, from any claim for personal injury and property damage, whether now known to me, or which may hereafter become known to me.
6. During my time of association with the Friends of the Children of Haiti, I will be required to remain a physical condition that will allow me to respond to the challenges described above.
7. I agree not to take any substance, prescription or otherwise, which may adversely affect my mental or physical performance, while participating in any activities sponsored by Friends of the Children of Haiti.
8. I agree to follow all policies and procedures established by Friends of the Children of Haiti.

I, being of legal age and under no legal disabilities, freely and voluntarily acknowledge the above risks and conditions of my association with Friends of the Children of Haiti.

If I am selected to participate as a volunteer with FOTCOH, I will follow the policies and procedures established for the welfare of the group, follow instructions by the Team leaders and accept all conditions that support the team's goals.

Signature: _____ Date: _____



Friends Of The Children Of Haiti
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