

Volunteer Fees Agreement and Refund Policy

Name (as it appears on your passport): _____

Trip Dates: Departing _____ Returning _____

Total Fees (US \$) _____

Fee payment schedule:

I understand that I am required to pay fees to participate with Friends of the Children of Haiti and I agree to pay those fees according to the following schedule:

1st payment of \$ _____ Due on: _____

2nd payment of \$ _____ Due on: _____

3rd payment of \$ _____ Due on: _____

I, being of legal age and under no legal disabilities, freely and voluntarily acknowledge that I am responsible for paying all fees in total to Friends of the Children of Haiti and I understand that those fees will be non-refundable unless otherwise determined by Friends of the Children of Haiti.

Signature: _____ Date: _____

CHECKS:

Made payable to FOTCOH (include "volunteer fees" memo) and mailed to:

Friends Of The Children Of Haiti
P.O. Box 789
Peoria, IL 61652

CREDIT CARDS:

Accepted via PayPal. Go to Volunteers page on www.fotcoh.org (include additional 3% convenience fee and write "volunteer fees" in memo area)