



# Friends of the People of Haiti

## Work Mission Team Application 2020

Dates of Mission: 28 Jan – 6 February 2020

Please fill out this application form and return to: Luann Polissaint, [luann.polissaint@gmail.com](mailto:luann.polissaint@gmail.com)

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
(Last) (First) (Initial)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Do you have a valid passport? Yes No Passport No.: \_\_\_\_\_

Occupation: \_\_\_\_\_ Special License/credentials? Yes No

Please list additional information, skills or hobbies:

\_\_\_\_\_  
\_\_\_\_\_

### Medical Information:

Have you traveled to a third world country before? Yes No When/where \_\_\_\_\_

Health condition: Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_ (Please explain below.)

Do you have any medical problems, physical limitations, allergies? Please explain.

\_\_\_\_\_  
\_\_\_\_\_

Are you required to take any medications and why:

\_\_\_\_\_  
\_\_\_\_\_

### Personal Contact information In Case of Emergency:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Relation: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Why do you want to go on this mission's trip to Haiti?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand if I am selected for this mission, I will conduct myself in a Christian manner and follow all policies and procedures as established for the welfare of the group. If further explanation is required, I will seek clarification in a private conference.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)