



# HANDS FOR HAITI

In serving, we are served. In loving, we are loved.  
Together, using our Hands for Haiti.

## MISSION TEAM APPLICATION

Mission Trip Dates Applying For:

Thank you for your interest in short-term missions with Hands for Haiti,  
and for stepping out in faith and following what God has put on your heart.

Full name: \_\_\_\_\_  
As it appears on your passport (First) (Middle) (Last)

Current address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Other: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate \_\_\_\_\_ Citizen of (Country) \_\_\_\_\_

Passport number: \_\_\_\_\_ Issue Date \_\_\_\_\_ Exp. \_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency contact address: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Has he/she or any other medical professional advised you not to participate in this mission trip or visit under-developed countries? Yes  No

Medical insurance carrier and member #: \_\_\_\_\_

Describe your general health: \_\_\_\_\_

Known medical conditions: \_\_\_\_\_

Known allergies: \_\_\_\_\_

Current medications: \_\_\_\_\_

Blood type, if known: \_\_\_\_\_

Are you pregnant? If so, due date is \_\_\_\_\_

Your occupation: \_\_\_\_\_

If medical/healthcare, please list specialties: \_\_\_\_\_

\_\_\_\_\_



Name \_\_\_\_\_

Previous Mission Trips: \_\_\_\_\_

Why do you want to go on a mission trip? \_\_\_\_\_

Describe your faith, gifts and strengths: \_\_\_\_\_

Please list three expectations for your mission experience: \_\_\_\_\_

Do you have any concerns or fears about this experience? Please explain. \_\_\_\_\_

Is your family supportive of you going on a short-term mission? \_\_\_\_\_

Is there anything else we should know? \_\_\_\_\_