



Haiti Team Participant Application

Please complete the Volunteer Information form, then read and sign the Risk, Release and Waiver Form. Enclose a photocopy of the first page of your passport and your deposit with your completed form.

Name (as it appears on your passport)					
Last		First & Middle		Name you would like to be called	
Address Street		City		State	Zip
Cell Phone	House Phone	Work Phone	Date of Birth	Male	Female
				<input type="checkbox"/>	<input type="checkbox"/>
Email					
Place of Employment (If employed)			Occupation (If retired, please note previous occupation)		
Passport Country:		Passport Number:		Passport Expiration Date:	
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.)					
Please list prescribed medications and condition(s) for which you take them					
Food allergies or dietary needs (including vegetarian)					
Dates of most recent shot/booster for the following:					
Hepatitis A:		Typhoid:			
Hepatitis B:		Polio:			
Measles / Mumps / Rubella:		Tetanus / Diphtheria:			
Are you covered by accident and health insurance?			Name of insurance provider and policy number		
Yes <input type="checkbox"/> No <input type="checkbox"/>					
Is coverage provided for foreign travel?			If yes, for how many days?		

Do you sponsor a child through World Wide Village?	If yes, state child's name, gender & sponsor's name (if not you)
Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you volunteered with World Wide Village before?	If yes, list dates
Yes <input type="checkbox"/> No <input type="checkbox"/>	

Do you speak/write Creole or French?
Would you feel comfortable leading activities?

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:

For Medical Volunteers: List special skills and experience with International HealthCare. Please list medical license information and state issued.

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

In the event of a medical emergency, I hereby 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 not covered by my insurance.

Signature	Date

Reason for Joining a Haiti Team

Why do you want to be a World Wide Village Vision Team volunteer and what are your goals for this trip? Why now, and why Haiti? Please use the space provided.

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 Vision Team?

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

Help Spread the Word

Please list some of your local magazines / newspapers that might be interested in learning more about your team experience:

Please complete and return to your team leader or mail to:

World Wide Village
Attn: Sarah Baptiste
616 Sims Ave.
St. Paul, MN 55130

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

For office use only					
Received Application		Entered into DP		Assigned to Team	
Received Deposit		Received Copy of Passport		Medical License Verified	



ACKNOWLEDGEMENT OF RISK, WAIVER AND RELEASE AGREEMENT

I, _____, have agreed to participate in a Vision Trip to Haiti under the direction of World Wide Village, Inc. ("WWV") beginning on (Date) _____. I understand that this waiver covers my participation with World Wide Village, Inc. for this trip and any subsequent trips for one calendar year from the date of signature. I understand and acknowledge that my participation in this trip is wholly voluntary. I hereby represent and agree to the following:

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 agree to indemnify and hold harmless WWV from any and all actions, suits, damages, or claims arising from any injury (including death), loss, or damage to me (the undersigned) during this waiver term. I have reviewed the information available on http://travel.state.gov/travel/cis_pa_tw/tw/tw_4632.html I am aware of and understand the risks of travel to, in and around Haiti and my participation on each trip
3. I grant to any of the World Wide Village (WWV) or World Wide Village, Inc. (WWV) 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.
4. WWV will provide medical or accident insurance covering injuries and illnesses I may sustain or experience overseas, and more specifically in Haiti or any other country in which I will be living and/or traveling while working with WWV. I hereby absolve and release WWV from all responsibility and liability for any injuries, illnesses, claims, damages, charges, bills and/or expenses I may incur while I am abroad.
5. 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 hikes, high altitude, heat, limited and infrequent meals. I am aware of the disease risks associated with foreign travel and I accept these risks. I agree to report to WWV any physical and/or mental condition I have which may require special medical attention or accommodation during my stay at least thirty (30) days prior to departure on each trip.
6. WWV reserves the right to decline at any time to allow me to continue with each trip, including if WWV determines that my actions, conduct or general behavior are inappropriate or negative with respect to the spirit of each trip or the rights or welfare of any person or that they violate any rule, policy or procedure of each trip. WWV reserves the right to cancel each trip or any aspect thereof at any time prior to departure and after departure, requiring that all participants return to the United States. While I am in Haiti, I will abide by the rules, policies and procedures set out by WWV, including those related to curfews, travel outside the Program's location in Haiti, and the use of public transportation and medical facilities within Haiti.
7. I hereby release and forever discharge WWV and their employees, agents, officers, directors and representatives (in their official and individual capacities) from any and all liability whatsoever for any and all claims, damages, losses or injuries (including death) I sustain to my person or property or both, including but not limited to any claims, demands, actions, causes of action, judgments, damages, expenses and costs, including attorney's fees, which arise out of, result from, occur during or are connected in any manner with my participation on each trip to Haiti.
8. I am entering into this Waiver and Release Agreement and agreeing to all of its terms and conditions on behalf of myself and my heirs, personal representatives, successors and assigns.
9. I hereby agree that this agreement shall be governed only by the laws of the State of Minnesota. Venue for any action hereunder shall be in Ramsey County, of the State of Minnesota.
10. As a World Wide Village volunteer, I grant World Wide Village permission to use photos and trip evaluation comments in publications, web pages, brochures and press releases in order to continue promotion of World Wide Village and the Vision Team program. Please inform us by phone or email if you do not grant us permission.
11. In signing this Waiver and Release Agreement, I hereby acknowledge that I have read this entire document, that I understand and agree to and will abide by its terms and conditions, and that I understand I am giving up substantial legal rights I may otherwise have and have done so knowingly and voluntarily.

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

Signature

Date