

HAITI MISSION, INC.
POB 694
Thibodaux, LA. 70302
985-872-4549 www.haitimissioninc.com

Name _____

(First)

(Middle)

(Last)

Address _____

Professional Degree (if applicable) _____

Professional Specialty (or note: Team Support) _____

Age _____ Date of Birth _____

Phone Number (Home) _____ (cell) _____

Phone Number (Work) _____

Phone Number (Fax) _____

Email _____ Tee shirt size: _____

Have you been on a mission trip before? _____ Yes _____ No

If you have, please indicate when and where you went, and with what church or organization you went:

Do You have an American Airlines Frequent Flyer #? Yes _____ No _____

(If Yes – Please furnish _____ If no – will get one for you.

Do you have a passport? ___ Yes ___ No

Name as it appears or will appear on passport: _____

N.B. (please furnish a copy of the picture page of your passport)

Passport Number: _____

Haiti Mission, Inc. has certain guidelines that it requires all mission team members to abide by. Please review and keep these guidelines in mind. In addition, please sign below verifying that you have read and agree to follow these guidelines while on the trip. Adherence to the guidelines will promote a positive experience together.

Mission Trip Guidelines**

- Because of the size of the team(s) and logistics required, a team leader will be assigned to assist the mission team members.
 - The use of alcohol and tobacco should be discrete and appropriate
- Cooperation with the team leader is crucial. The team leader should generally know your whereabouts at all times. Independent attitudes can destroy team spirit and effectiveness, as well as compromising individual and team safety.
- Attitudes of compassion, kindness, unity, and cooperation are expected among team members. All efforts should be extended to maintain physical, spiritual, emotional, and relational harmony among the team(s)
- A servant-heart is vital. We are going to "serve", and not "be served." This requires a commitment to diligent work in the various situations we may find ourselves

I have read and agree to follow the above guidelines.

(Signature)

(Date)

Application Checklist:

_____ I have filled out a Medical Release Form and have attached it to this application

_____ I have signed the Hold Harmless Agreement and have attached it to this application

_____ I have applied for, or am going to very soon apply for, a passport if I do not have one

_____ I have enclosed my credentials as appropriate (for medical personnel only)

(Copy of Professional License, Copy of Professional Diploma, Picture)

**Please give completed Application Package to mission director or mail to: Haiti Mission, Inc., Attn: Deacon Lloyd
POB 694, Thibodaux, LA. 70302**

If you have any questions, please email Lloyd Duplantis at lloydrem@lloydsremedies.com or call 985-855-3127.

Haiti Mission, Inc.

POB 694

Thibodaux, LA. 70302

General Release and Hold Harmless Agreement

Haiti Medical Missions

(See Policy Statement)**

The undersigned desires to participate in various programs, events, or activities (hereinafter collectively referred to as "Activities") operated or sponsored by

Haiti Mission, Inc. (hereinafter referred to as “the Mission”) The undersigned further understands and acknowledges that the undersigned or a member of the immediate family of the undersigned may incur personal injury or bodily damage while participating in such Activities. The undersigned further understands and acknowledges that the Mission would not allow the undersigned to participate in such Activities without releasing and holding harmless the Mission. Further, the undersigned requests that the Mission allow him/her to participate in Mission Activities and in consideration thereof agree to hereby release, and forever discharge the Mission, their own officers and directors, and their employees, their agents, and any parties volunteering on behalf of St. Bridget Catholic Church (referred to as “the Church”) and the Diocese of Houma-Thibodaux and the Diocese of Jeremie, Haiti from all actions, causes of actions, claims, damages, costs, expenses, or damages of any kind growing out of or related to any Activity of the Church in which the undersigned participates. The undersigned further acknowledges that this is a full and complete release for all injuries and damages which the undersigned may sustain as a result of the undersigned's participation in any Mission program.

I am aware that I will be responsible for all of my expenses regarding travel and lodging.

Print Name_____ **Date**_____

Signature_____ (revised 3/14)

Haiti Mission, Inc.

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Medical Release Form

Legal Name _____ Date of Birth _____

Address _____

Phone (Home) _____

Phone (Work) _____

Doctor's Name _____

Doctor's Phone _____

Medical Questionnaire

***Are you being treated for any injury or sickness or taking any form of medication for any reason?**

Yes _____ No _____ If yes, please explain:

***Do you have any allergies?** Yes _____ No _____ If yes, please explain

***Are you allergic to any type of medication?** Yes _____
No _____ If yes, please explain:

***Do you require a special diet?** Yes _____ No _____ If yes, please explain:

***Do you have any medical conditions?** Yes _____ No _____
If yes, please explain:

***Do you ever sleepwalk?** Yes _____ No _____

***Can you swim?** Yes _____ No _____

***Do you have any physical handicap or illness which would prevent you from participating in normal rigorous activity?**

Yes _____ No _____ If yes, please explain:

(revised 3/14)

Medical Treatment Authorization

I understand that my family will be notified in the case of an emergency involving myself. However, in the event that family members cannot be reached, I authorize calling of a doctor and providing necessary medical services in the event that I am injured or become ill. I understand that Haiti Mission, Inc. of Gray, LA. will not be responsible for any medical expenses incurred, but that such expenses will be my responsibility, or the responsibility of my family. *Times during mission trips, experiences can include intense physical activity including hiking, continuous walking, arduous overland trips, heat, and humidity. I agree to notify Haiti Mission, Inc. in the event of any health changes which would restrict me from participating in any activities. I also understand that team leaders may advise me to refrain from any activity that they do not feel is within my physical capability.*

Signature _____ **Date** _____

(revised 3/14)

****Policy Statement ****

No tickets can be purchased or flights booked until all paperwork has been completed and received by Haiti Mission, Inc., accompanied by check or a credit card for payment for the flight(s).

Contact while in Haiti is through email – Fr. Joe's email address is

jomanaseustache@yahoo.fr

Haiti Cell 011- 509- 3731 8746

For updates on the trip or in case of emergency – Contact Ken Trahan
email: kyk@bellsouth.net
Phone: 985- 870-5823