

Circle one or both: April Trip/July Trip  
Collaborative Haiti Mission Team Interest Sheet  
Children & Charity and Institute of Grace

Name (exactly as in your Passport): \_\_\_\_\_

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

Email: \_\_\_\_\_

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

Date of Birth \_\_\_\_\_ Passport Number \_\_\_\_\_

Passport Expiration Date \_\_\_\_\_ Citizenship \_\_\_\_\_ Gender \_\_\_\_\_

Do you understand we are going to encounter some rustic conditions and work directly with Haitians? The Institute of Grace does not offer luxury accommodations and we work with locals.

Yes - No

I have looked at the state department website about travel to Haiti Yes - No\_

<http://travel.state.gov/content/passports/english/alertswarnings/haiti-travel-warning.html>

I voluntarily choose to participate in this Mission Trip. I hold the coordinating organizations blameless for any accidental injury or death during this trip. I shall purchase one million dollars of travel insurance coverage.

Yes - No

I would like to help with (and briefly describe your skills/qualifications):

\_\_\_\_\_ Medical Team (doctor, nurse, dental, certified/student, etc)

\_\_\_\_\_ Clergy (Pastor, Associate Pastor, Deacon, Trustee)

\_\_\_\_\_ Support Team (set up, children's program, other odd jobs)

Are you able to help with contributions toward supplies? Yes - No

We will need various medical supplies and funds for the Haitian workers)

I speak French \_\_\_\_\_, Creole \_\_\_\_\_, Spanish \_\_\_\_\_.

List any Medical Conditions (allergies, food allergies, physical limitations, etc):

Other comments:

For more information or questions contact [info@childrenandcharity.org](mailto:info@childrenandcharity.org) or call 202-234-0488.