



C/O Volunteer Coordinator  
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### **APPLICATION FOR VOLUNTEER SERVICE**

FIRST NAME \_\_\_\_\_ LAST NAME: \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PASSPORT #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PHONE: (HOME) \_\_\_\_\_ (CELL) \_\_\_\_\_

TRAVEL DATES FROM: \_\_\_\_\_ TO: \_\_\_\_\_

TEAM/Trip Leader(s): \_\_\_\_\_

WEIGHT \_\_\_\_\_ Special Health needs \_\_\_\_\_

SKILLS/TALENT/PROFESSION: \_\_\_\_\_

### **EMERGENCY CONTACT**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

### **MY COMMITMENT**

**I confirm that my service to the PROMISE for HAITI, Inc. and to the Comite Bienfaisance de Pignon (CBP) is provided totally as a volunteer. I will assume all risks to my property and to myself and hereby release PROMISE for HAITI and CBP for any and all responsibility for claims or demands by heirs, my executors, administrators, assignees or me forever. I understand that my volunteer status does not make me an agent or employee of PROMISE for HAITI or CBP and I shall not represent myself as such.**

**I agree to abide by the established rules and regulations of PROMISE for HAITI, Inc. and Comite de Beinfaisance while voluntarily serving in Haiti. I understand that the boards have the final decision-making authority and that their policies and procedures are to be executed by all volunteers in the program.**

**I understand that travel to Haiti involves a number of risks, including the risk of violence, serious injury, illness or death. Prior to signing this Waiver and Release Agreement, I have reviewed and understand the most recent version of the United States Department of State's Consular Information Sheet regarding Haiti and any Travel Warnings issued for Haiti (available at [www.travel.state.gov](http://www.travel.state.gov)).**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

( If Volunteer is a minor)

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_