



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).

Signature: _____ Date: _____

(If Volunteer is a minor)

Parent/Guardian Signature _____ Date: _____