



HEART TO HEART HAITI

Heart To Heart-Short Term Mission (STM) Application Form

SECTION A: (Please print your full legal name as it appears in your passport.)

First Name: _____ M.I. _____ Last _____

Top of Form

Nickname: _____ Male Female Date of Birth: ____/____/____

Age: ____ (If under 18) Name of Guardian: _____

Marital Status: Single Married; If married, spouse's name _____

Is this your first STM? YES NO

SECTION B- CONTACT INFORMATION

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Email: _____

Home phone: (____) _____ Mobile phone: (____) _____

Occupation: _____

Church Name: _____

Pastor's Name: _____

Church phone: (____) _____

SECTION C- MINISTRY WAIVER

I am aware that all positions are voluntary, without financial remuneration. I agree to abide by all present and subsequent issued rules of the Heart to Heart Board. I clearly understand that raising all expenses, including travel to and from the Haiti, will be my responsibility. I further agree that the Heart to Heart Board has the right to discontinue my trip at any time at its sole discretion. I realize contributions may be tax-deductible through Heart to Heart. Contributions are nonrefundable in the event that the applicant chooses not to participate in the program. The financial disbursement of these funds is at the discretion of the Short Term Team Leader. I have read the above and understand my commitment to participate and my financial commitment.

Signature _____ Date ____/____/____

Signature of Guardian (if under 18yrs. Old)

SECTION D- GENERAL HEALTH

Medical History- Please voluntarily indicate if you have had any ongoing health issues. For example:

None
_____ Asthma _____ Nervous Breakdown _____ Excessive Fatigue _____ Seizures
_____ High Blood Pressure _____ Hepatitis _____ Fainting Spells _____ Diabetes
_____ Incapacitating Headaches Other: _____

Allergies- Specify any allergies to medications, foods tec.

None _____

Diet- Explain any special dietary needs:

None _____

Condition- is there any reason why you cannot tolerate any of the following?

_____ Rigorous Outdoor Activity _____ High Altitudes _____ High Humidity
_____ High Temperatures _____ Low Temperatures _____ Other

Please Explain: _____

Emergency Contact (NOT a team member): _____

Relationship: _____

Home phone: (____) _____ Mobile phone: (____) _____

Work phone: (____) _____

Authorization

The information I have given is accurate and true to the best of my knowledge. I also give the right to use my picture, voice and /or testimony in any form of promotional advertising materials. My enclosed signature (and signature of my parent/legal guardian if I am under the age of 18) signifies authorization.

Signature: _____ Date: ____/____/____

Signature of Legal Guardian (if under 18):

SECTION E- MINISTRY

Please list any previous missions experience and include the sending mission organization, ministry location and duration.

Are you fluent/conversational in French or Creole?

YES NO

SECTION G- REFERENCES

Please provide us with a reference that you agree we may contact regarding this application.

Name: _____

Phone: (____)_____ Work: (____)_____

Email: _____