



HAITI FOUNDATION OF HOPE

PO BOX 61941
VANCOUVER, WA 98666

360-993-0974

GIVEHOPE@HAITIFOUNDATIONOFHOPE.ORG
www.haitifoundationofhope.org

Dear Prospective Team Member,

Haiti Foundation of Hope (HFH) is a Christian organization addressing the physical, emotional and spiritual needs of the people in the impoverished and underserved rural communities of northern Haiti.

Thank you for your interest in traveling to Haiti on an upcoming medical team with HFH. Teams are open to medical and non-medical persons, as we need support people on each team to provide assistance in all areas of the work.

An application must be completed and sent in by all who desire to participate. You will be notified when your application and deposit are received. Your application is then reviewed by the HFH board and you will be notified about the decision. Every effort is made to accommodate your team date preference. If any substantial change must be made, you will be contacted for your approval. A non-refundable \$50 deposit, made out to Haiti Foundation of Hope, needs to accompany your application. This amount will be applied to your financial contribution. Teams are formed nine months to a year in advance of travel.

Additional information will be sent with your acceptance notification, including the date of a Saturday orientation meeting. This orientation meeting is held in Vancouver, Washington, approximately six weeks prior to departure and attendance is mandatory for all team members.

HFH teams are financed by team members and the gifts of others who desire to support this work. The cost to each team member is \$2,500 and is tax deductible. These funds cover airfare, emergency assistance insurance, ground transportation, food, lodging, medications and medical supplies. \$500 of each team member's fee will be designated for ongoing programs in Terre Blanche. Donations to HFH are tax deductible.

All team members need a passport that is valid three months beyond the team dates.

Please address all correspondence regarding applications to:

Haiti Foundation of Hope
PO Box 61941
Vancouver, WA 98666
Phone: (360) 993-0974
Email: givehope@haitifoundationofhope.org

We appreciate your interest in Haiti Foundation of Hope medical teams and look forward to serving with you in the near future.

Sincerely,

Linda Markee

Haiti Foundation of Hope Application Chairperson



HAITI FOUNDATION OF HOPE

revised 11/2016

Committee Use

Received _____	Deposit _____	Reply date _____	Acceptance date _____
Action _____	Team _____	Position _____	

Name (as shown on passport) _____ Nickname _____

Address _____ City/St/Zip _____

Phone: home (____) _____ cell (____) _____ work (____) _____

Email _____

Passport # _____ Exp. date (d/m/yr) _____ Birth date (d/m/yr) _____

Present occupation _____ Spouse's name _____

Emergency contact _____ Relationship _____

Emergency contact's email _____

Emergency contact's phone: home (____) _____ cell (____) _____ work (____) _____

What team date are you applying for? _____

How did you hear about Haiti Foundation of Hope? _____

Church membership or affiliation _____

Education _____ Blood type _____

Going to Haiti is a physically demanding experience. Do you have any ongoing medical problems or physical limitations? Yes _____ No _____

Describe _____

If you have been hospitalized within the past year HFH requires a medical clearance from your health provider.

Note: If you go on this mission trip, you will be responsible to get the following immunizations before going: Hepatitis A & B, typhoid, tetanus, and PPD (optional).

Current medicines you are taking _____

Do you have any of the following skills, talents, or hobbies? Explain.

musical instrument(s) _____ singing _____

mechanical repairs _____ VBS experience _____

photography _____ French language / level _____

writing / journaling / blogging _____

other _____

What training or experience have you had with:

medicine: _____

dentistry: _____

nursing: _____

allied health fields: _____

leading worship/music: _____

Foreign travel to developing countries: _____

Previous mission work: _____

Why do you want to go on a mission trip to Haiti?

Please write a brief personal statement of your spiritual faith. (use a second page if needed)

Autobiography: Please tell us about yourself. (use a second page if needed)

References:

Please list three references (one church and two personal) that we may contact.

- 1. Name _____
Address _____

Phone (_____) _____
Relationship _____

- 2. Name _____
Address _____

Phone (_____) _____
Relationship _____

- 3. Name _____
Address _____

Phone (_____) _____
Relationship _____

Applicant signature _____ Date _____

Note: Because of HFH values and Haitian culture, the use of tobacco, alcohol and illicit drugs is not permitted.

Complete this application and include a non-refundable \$50 deposit made out to:
Haiti Foundation of Hope (the deposit amount will be applied to your financial contribution).

Return to: Haiti Foundation of Hope • PO Box 61941 • Vancouver, WA 98666
(360) 993-0974 • givehope@haitifoundationofhope.org • www.haitifoundationofhope.org

If questions: Contact Linda Markee, application chairperson, at the above address, email or phone.

HFH Mission Statement:

Haiti Foundation of Hope is a Christian organization addressing the physical, emotional and spiritual needs of the people in the impoverished and underserved rural communities of northern Haiti.