



Returning Team Member Application

HAITI FOUNDATION OF HOPE

revised 11/2016

Committee Use

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

Dear Returning Team Member,

Thank you for your continued interest in the work of Haiti Foundation of Hope. Returning team members interested in going on another medical team are asked to complete this application and 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, applications chairperson, at the above address, email or phone.

Name (as shown on passport) _____ Nickname _____

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

Address _____ City/St/Zip _____

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

Email _____

Emergency contact _____ Relationship _____

Emergency contact's email _____

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

Last HFH team you were on (month/year) _____

What team are you applying for? _____

Why would you like to return?

If the team you are applying for is full, would you like to be put on a wait list? Y ____ N ____

What alternative team dates are you interested in? 1. _____

2. _____

Team member cost: \$2,500

Have you had any changes in your health since your last HFH team? N ____ Y ____

Describe _____

Applicant signature _____ Date _____

If saving form and returning via email attachment, please type in your name.

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.