



# Impact Trip Application - PERSONAL INFORMATION

First Name (as appears on Passport) \_\_\_\_\_ Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_ Name you go by (nickname) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_ City, State, ZIP \_\_\_\_\_

Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Gender: Male or Female \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Allergies & any Health Conditions we should be aware of \* \_\_\_\_\_

\*Please ensure all prescribed allergy medication is taken along\*

Passport Number: \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

T-Shirt: Choose color and size

Adults: **Orange** (S M L XL 2XL 3XL) **Green** (S M L XL 2XL 3XL) **Pink** (S M L XL 2XL)

**Purple** (S M L XL) **Blue** (S L XL 2XL 3XL) **Grey** (S XL 2XL 3XL)

Youth Large: **Orange** **Green** **Sapphire Blue** **Purple**

If you sponsor a child through MH4H, please list their name (If you don't know the child's name, we can look it up in our database) \_\_\_\_\_

Notable Skills or Interests \_\_\_\_\_

Any previous cross-cultural mission experience? \_\_\_\_\_

Team Leader (if with a group) \_\_\_\_\_

## TRAVEL DATES

Departure Date: \_\_\_\_\_ Return Date: \_\_\_\_\_

## EMERGENCY CONTACT

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Contact Phone \_\_\_\_\_

Beneficiary Named on Trip Insurance (If different than emergency contact)

Name \_\_\_\_\_ Relationship \_\_\_\_\_



## PLEASE CAREFULLY READ THE STATEMENT BELOW AND SIGN

*By signing below I certify that I am at least 18 years of age and competent to sign in my own name OR, if I am under 18 I have fully completed the **Permission for Travel Form** and will mail it to Many Hands for Haiti as soon as possible. I understand that if I am under 18, my application will not be processed without this completed form.*

*I do hereby certify I am obligated to cover the expenses of my trip. I also understand that any money raised in excess of the expense incurred will remain with MH4H and used at their discretion.*

*I do hereby certify that I am willing, physically and mentally fit, and sufficiently prepared to travel with and participate in a work project with Many Hands for Haiti, in the country of Haiti. Trip sponsors have my permission to take me to a doctor for medical treatment, hospitalization, or emergency surgery if the need should arise. Should it be necessary for me to return home prematurely for medical reasons or due to disciplinary action, I will assume total responsibility for any additional costs incurred.*

*I also understand that there are inherent risks involved in any mission trip, and I hereby release Many Hands for Haiti, its staff and volunteers from any and all liability due to any injury, loss or damage to person or property that may occur during the course of my involvement with Many Hands for Haiti.*

*I have carefully read and agree to abide by the regulations/guidelines and information included in the Trip Booklet, including the Covenant (pg 16) and the Lines We Do Not Want To Cross (pg 19). I understand that my failure to abide by those guidelines forfeits my chance to participate in future trips with Many Hands for Haiti and may result in early dismissal from any trip at my own expense.*

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_