

Application and INFORMATION SHEET HOM Mission 2010

FULL NAME

LAST FIRST MI

ADDRESS

NO. STREET CITY STATE ZIP CODE

TELEPHONE

AREA CODE NUMBER E-MAIL

PASSPORT #

DOB

DAY MO YR place of issue date of issue expiration date

In Case of Emergency

FULL NAME

LAST FIRST E-MAIL PHONE AREA CODE NUMBER

ADDRESS

NO. STREET CITY STATE ZIP CODE

MISSION PROJECT Please check your work preference and note if you have worked with the team in prior years or list experience in this area ***Medical personnel***, Please scan and send copy of current medical license

Choice

1st 2nd

- Construction Team***
- School Team***
- Medical Team**
- Orphanage Team***
- Interpreters***

****PLEASE*** NOTE ANY MEDICAL CONDITIONS THAT YOU THINK WE SHOULD BE MADE AWARE OF, AND MEDICATIONS CURRENTLY USING OR MAY BE NEEDED WHILE IN HAITI. ***(Information will be kept confidential and used only in case of emergency)***

PLEASE SAVE FORM and Email to Rogerdome@comcast.net