



Hope for Haiti®

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www.hopeforhaiti.com • info@hopeforhaiti.com

Medical Volunteer Information

Volunteer Name: _____ Weight _____ lbs
(necessary for private plane flights)

Home Address: _____

City/State/Zip Code: _____ Home Phone (____) _____

Alternate Address: _____ Cell Phone (____) _____

City/State/Zip Code: _____

E-mail address _____

How did you hear about us? _____

Medical License? Doctor _____ Nurse _____ Specialty _____

Medical Experience _____

When are you available for a Medical Mission? _____

Considerations: Traveling outside of the country requires a valid passport. Assisting with a medical mission to Haiti requires ability to travel for up to seven days straight. Please check the mission tab for information on other considerations for joining a mission team.

Requirements in order to be considered “approved” for a medical mission team.

- _____ 1) Medical Volunteer Application – completed & signed
- _____ 2) Liability Release Form (mission tab on website) – completed & signed
- _____ 3) Passport– scanned (faxed copies do not work)
- _____ 4) Current medical license– scanned (faxed copies do not work)

All documents must be scanned and e-mailed to: jackie@hopeforhaiti.com

Hope for Haiti strives to provide each volunteer with a safe environment in which to donate their valuable time. While in Haiti, you will work under the supervision of an employee of *Hope for Haiti* at all times. Thank you.

Signature of Volunteer

Date