

Volunteer Application

Thank you for your generosity and interest in traveling to Haiti to work on one of UPLIFT Haiti's projects. Please complete and sign this application. You may use keyboard entry, then print the application and save it to your hard drive. Or, you may print a blank application and fill it out using a pen.

Sign the completed application and mail to UPLIFT Haiti (address below), or scan the signed form and email it to contact@uplifthaiti.org.

Name:

Address:

City: State/Province:

Country: Postal Code:

Home phone: Work phone:

Cell phone:

Email: _____

UPLIFT Haiti
1121 Dunoon Rd.
Silver Spring MD 20903
www.uplifthaiti.org

Interests:

In which areas are you most interested in volunteering? Please check all that apply.

<input type="checkbox"/> Administrative support	<input type="checkbox"/> Food technology	<input type="checkbox"/> Other – specify: <input type="text"/>
<input type="checkbox"/> Computer support	<input type="checkbox"/> Fund raising	<input type="checkbox"/> Other – specify: <input type="text"/>
<input type="checkbox"/> Counseling	<input type="checkbox"/> Medical	<input type="checkbox"/> Other – specify: <input type="text"/>
<input type="checkbox"/> Events coordination	<input type="checkbox"/> Project management	<input type="checkbox"/> Other – specify: <input type="text"/>
<input type="checkbox"/> Financial consultant	<input type="checkbox"/> Teaching	

Current licenses and certifications

Type: <input type="text"/>	Type: <input type="text"/>
State, Province, or Country: <input type="text"/> Expires (year): <input type="text"/>	State, Province, or Country: <input type="text"/> Expires (year): <input type="text"/>

Language proficiency in Haitian Creole or French

Please write "high", "medium", "low" or "none" in the boxes:

	Creole:		French:
Speaking	<input type="text"/>	Speaking	<input type="text"/>
Reading	<input type="text"/>	Reading	<input type="text"/>
Writing	<input type="text"/>	Writing	<input type="text"/>

Education

Type of school	Name of school	Degree	Year rec'd.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Employment: Most recent significant employment

Name of Employer:

Name of last supervisor:

Dates of employment:

From: (yyyy)

To: (yyyy)

Address:

Phone:

Last job title:

List the jobs you held, duties performed, skills used or learned, advancements, or promotions.

Other qualifications and skills

Previous volunteer experience

Describe your most significant and relevant volunteer experience:

Have you ever traveled to a developing country?

Yes

No

If yes, please summarize where you went and what you did.

List other skills and interests.

Health and Diet

Please describe any health or diet concerns you think may be significant for your travel to Haiti.

Availability of emergency medical assistance and even standard over-the-counter drugs and other medical supplies in Haiti is often low, especially in rural areas. Water quality for drinking is typically poor, and improperly prepared food may be contaminated.

How did you find out about UPLIFT Haiti?

Agreement

I understand that UPLIFT Haiti will not be held responsible for any illness or accident that might occur while in Haiti and I will provide for my own personal accident/health insurance.

I affirm that the facts set forth in this application are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions or other misrepresentations made by me on this application may result in my immediate dismissal.

I agree to WAIVE and RELEASE UPLIFT Haiti from all liability, manner of actions, causes of action, debts, contracts, claims and demands for or by reason of any illness, death, damage, loss or injury to person and property, which has been or may be sustained as a direct or indirect consequence of my volunteering at or for UPLIFT Haiti and notwithstanding that such damage, death, illness, loss or injury may have been caused partly by the negligence of UPLIFT Haiti. I agree to INDEMNIFY and HOLD HARMLESS UPLIFT Haiti for any costs or liabilities which UPLIFT Haiti may incur as a result of my volunteering. I acknowledge and agree that I have carefully read this Agreement, that I fully understand the same, and that I freely and voluntarily execute the same. I understand that I may seek independent advice prior to signing this Agreement. I understand that this Agreement is binding on me, my spouse, my executors, administrators, personal representatives and assigns and that this Agreement has important legal consequences.

I understand and accept these conditions. I decline.

Signature

Date