

# Application to Volunteer with



This application is for both US volunteers and people traveling to Haiti, please fill out the appropriate sections.

| Personal Information  |                           |             |             |
|---|---------------------------|-------------|-------------|
| First Name:   |                           | Last Name:  |             |
| Please indicate if you are applying as an individual or with a group:<br>Please indicate:<br><input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> GROUP - Name: _____ |                           | Nickname:   |             |
| Mailing Address:  |                           | Gender:     |             |
| State:  |                           | Zip Code:   | Country:    |
| Passport Info:  | Country:                  | Number:     | Issue Date: |
| Expiration Date:  | Date of Birth (MM/DD/YY): | Home Phone: | Cell Phone: |
| Email Address:  |                           |             |             |

| Learning Goals & Objectives  |
|--|
| <p>We want to learn about you! Summarize your interests (personal, vocational, educational, etc.) and share why you would like to volunteer with RAW Haiti. As often as possible, we try to individualize trips and volunteer experiences to highlight the strengths of individual. Please share your expectations for your time volunteering with RAW Haiti.</p> <p>Please tell us, how did you find out about RAW Haiti?</p> |
| Empty space for the applicant to write their response  |

## Previous Volunteer & International Experience

Summarize your previous volunteer and/or international experience. International experience may include travel or involvement with international populations within your own country. Have you ever experienced culture shock? If no, please make sure you are aware what the definition of culture shock is and if yes If you are planning a trip to Haiti, have you please tell us how you dealt with it.

## Special Skills or Qualifications

Please note any special skills and qualifications you have acquired from employment or previous volunteer work. You may also list other activities; including hobbies, sports, languages you speak including and fluency level.

- |  |  |
|--|--|
| <input type="checkbox"/> Administrative Support                | <input type="checkbox"/> Public Policy                     |
| <input type="checkbox"/> Medical (Please specify: _____)       | <input type="checkbox"/> Research                          |
| <input type="checkbox"/> International NGO Development         | <input type="checkbox"/> Education (Please specify: _____) |
| <input type="checkbox"/> Mental Health (Please specify: _____) | <input type="checkbox"/> Agricultural Development          |
| <input type="checkbox"/> Social Services                       | <input type="checkbox"/> Construction                      |
| <input type="checkbox"/> Public Health                         | <input type="checkbox"/> Marketing                         |
| <input type="checkbox"/> Athletics (Please specify: _____)     | <input type="checkbox"/> Communication                     |
| <input type="checkbox"/> Children's Camps                      | <input type="checkbox"/> Arts (Please specify: _____)      |
| <input type="checkbox"/> Book Keeping                          | <input type="checkbox"/> Web Design                        |

Other (Please be as specific as possible below):

Special Skills explained: Use this space to share any additional information about the skills you noted above.

Do you have experience driving in a foreign country?

## Reference Section

List three references who can speak to your work with children or other skills you have listed on your application. Do not include friends and family as references. It is best to use past employers, academic advisors or teachers.

|                 |        |         |               |
|-----------------|--------|---------|---------------|
| Reference Name: | Phone: | E-mail: | Relationship: |
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| Reference Name: | Phone: | E-mail: | Relationship: |

When would you like to volunteer with us?

| Trip | Dates | Purpose |
|------|-------|---------|
|      |       |         |
|      |       |         |

## Personal History

Please answer the following questions truthfully; answering yes to any question will not automatically limit your ability to volunteer with RAW Haiti

Do you have any disabilities (physical or mental) that impact your functioning?

Yes \_\_\_ No \_\_\_

If yes, please explain \_\_\_\_\_

Do you have any issues working with children?

Yes \_\_\_ No \_\_\_

If yes, please explain \_\_\_\_\_

Do you have any history of violence?

Yes \_\_\_ No \_\_\_

If yes, please explain \_\_\_\_\_

Do you have a criminal background?

Yes \_\_\_ No \_\_\_

If yes, please explain \_\_\_\_\_

## Education, Military Service & Other Specializations

| Education:       |        |        | Military Service (optional): |        |
|------------------|--------|--------|------------------------------|--------|
| Name/Institution | Degree | G.P.A. | If yes, Dates of Service     | Branch |
| College:         |        |        | 1.                           |        |
| Graduate:        |        |        | 2.                           |        |
| Specialty:       |        |        | 3.                           |        |

Upon acceptance, proof you are eighteen or older may be required. If requested can you furnish proof of your age? Yes \_\_\_ No \_\_\_

| Professional Registrations: |               |      | Professional Societies/Associations (optional): |  |
|-----------------------------|---------------|------|---|--|
| Type                        | License and # | Date |   |  |
| 1.                          |               |      |   |  |
| 2.                          |               |      |   |  |

Upon acceptance you may be requested to furnish licensing proof.

## Person to Notify in Case of Emergency

|                |  |              |  |
|----------------|--|--------------|--|
| Name           |  | Relationship |  |
| Street Address |  | City & State |  |
| Zip Code       |  | Country      |  |
| Home Phone     |  | Work Phone   |  |
| Cell Phone     |  | Email        |  |

## Medical History and Special Needs

Haiti's climate is hot and muggy. There is limited access to medical care and certain volunteer positions require a high level of physical exertion. Your well-being is important to us. Please list any and all health/mental health, allergy, and concerns so that RAW Haiti can try to accommodate your volunteer experience accordingly.

|   |   |
|---|---|
| Allergies                                   |   |
| Medications                                 |   |
| Vaccinations<br>Names & Dates<br>(MM/DD/YY) | Please see this website <a href="http://wwwnc.cdc.gov/travel/destinations/traveler/none/haiti">http://wwwnc.cdc.gov/travel/destinations/traveler/none/haiti</a> for recommended vaccines for this area of the world |
| Other                                       |   |
| Insurance<br>Information                    | Do you have international medical insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No   |
|   | If yes, please list your insurer, insured party's name, carrier number, policy number, and ID number in the space provided:   |
|   | If you do not yet have international medical insurance, we strongly recommend that you purchase it for your time abroad. Medavac is one type of insurance you can look into.  |
| Additional<br>Sections                      | Section 1: Medical issues we should know about: _____   |
|   | Section 2: Mental health issues of other things we should know about: _____   |
|   | Section 3: Nutritional needs - are you a vegetarian or have special nutritional needs or limitations? _____   |
|   | Section 4: Do you have any mobility issues that would impede your work in a third world country? _____  |

## Agreement and Signature

*It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age or disability.*

*Thank you for completing this application form and for your interest in volunteering with us!*

*By submitting this application, I affirm that the information provided is true and complete to the best of my knowledge. I acknowledge that I am an adult, 18 years or older, and have read and understand this is an application to volunteer with RAW Haiti and its partner organizations, any false statements or misrepresentations made on this application will result in my immediate dismissal.*

*Please fill out, sign, scan and send to Corey Gifford at coreygifford1@gmail.com. We will assess your application as quickly as possible, and will contact you for a phone interview/ planning meeting if it is felt that you could fit with our RAW Haiti efforts.*

|                |       |             |
|----------------|-------|-------------|
| Name (printed) |       |             |
| Signature      | _____ | Date: _____ |

You understand that RAW Haiti is not responsible for any action or representation of the communities served by RAW Haiti. RAW Haiti does not audit the services, facilities or operations of outside communities or outside vendors to the same. If you are accepted as a volunteer, you shall not be paid for your services nor shall you accept payment of any kind. Employment with RAW Haiti as well as acceptance as a volunteer. is on an "at will" basis and therefore you may be terminated at any time for any reason with or without cause or notice. You understand that no management representative has the authority to enter into any verbal or written agreement to the contrary, nor are they authorized to make any agreement or employment for any specific period of time.

You hereby authorize RAW Haiti to investigate any of the statements you made on this application. You release RAW Haiti. and those providing such information for any and all liability resulting from such investigation. You provided truthful and complete responses to all inquiries on this application You understand that the discovery of any falsification or omissions constitutes grounds for immediate dismissal. If accepted as either a volunteer or employee of RAW Haiti, you will abide by its rules and regulations, which are subject to change by Management.

**You hereby consent to RAW Haiti's use of your image and name for promotional purpose in any form of medium without compensation.**

You, on your behalf, and on behalf of your heirs, successors and assigns, hereby release and indemnify RAW Haiti, its directors, officers, employees and agents, from and against all claims, causes of actions, suits and demands of any type or nature arising from or related to your employment or volunteer service with RAW Haiti. This release is intended to be broadly construed and to prevent you from suing or making a claim against RAW Haiti, its officers, directors, employees and agents either directly or indirectly.

|                                 |               |
|---------------------------------|---------------|
| _____<br>Signature of Applicant | _____<br>Date |
|---------------------------------|---------------|