
HAITI PARTNERSHIP
An Advance Special of the
Upper New York and Susquehanna Conferences
of the United Methodist Church

Instructions for application packet

Please read these instructions thoroughly before filling out any forms in this packet.

1. Fill in all applicable blanks. There may be some sections you can't fill in (i.e., if you are in the process of getting your passport and don't have the number yet), or that don't pertain to you (i.e., you are not a medical professional). Please read all forms carefully. The team application and insurance forms can be filled in on your computer (using Adobe Reader), but you must print, sign, and mail the forms to the Registrar.
2. Be sure to indicate on top of application form your **first and second choice of team dates**. If you do not have a second choice, just indicate your first choice. If both the dates you have chosen are already filled, we will notify you right away.
3. Make all checks payable to **Upper New York Conference**, regardless of what you may read elsewhere. This is the **only** acceptable notation ("Upper New York" **must** be spelled out). Any checks given to you, whether a personal check or a church check, should also be made out the same way. If checks are made out to you personally, please be sure they are properly endorsed, or deposit them in your account and write a check to the Upper New York Conference. A deposit of **\$150.00** must be sent along with your application.
4. Send all the forms in this packet, preferably at the same time, to the Registrar (address below). Don't forget to send your deposit (**\$150**) with the packet. You need to fill out and sign the GBGM Insurance Form, and *be sure to have it witnessed*. **Please do not** enclose money for the insurance – the cost of the insurance is included in your overall payment.
5. First-time applicants will need to submit a completed Pastor's Recommendation form (included in this packet). Please print it out and give it to your pastor. If you are a pastor, please ask your District Superintendent to fill it out.
6. Contents of this packet (check off as you complete the forms):
 - Application – make sure you indicated your first and second choice of dates
 - Liability Release
 - GBGM Accident Insurance Application
 - Pastor's Recommendation (for first-time applicants only)

If any forms are missing, please contact the Registrar.

Registrar:
Barry M. Watkins
91 Anderson Hill Road
Owego, NY 13827-2520
607-687-1020

APPLICATION FOR VOLUNTEER IN MISSION TEAM MEMBERS

Please indicate your FIRST and SECOND choice of team dates:

___ Oct. 21-30, 2010 ___ Nov. 4-13, 2010 ___ May 5-14, 2011

MAIL TO: Haiti Partnership, c/o Barry Watkins, 91 Anderson Hill Road, Owego, NY 13827-2520

NAME (on passport): _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 EMAIL: _____
 Home Phone: _____ Work Phone: _____
 Date of birth: _____ Cell Phone: _____
 PASSPORT NUMBER: _____
 Date Passport Expires: _____

Local Church: _____
 Pastor: _____

EMERGENCY CONTACT
 Someone who could be reached, if necessary,
 while you are in Haiti.

Name: _____
 Address: _____
 Phone: _____

Do you have medical insurance? YES ___ NO ___ If yes, please complete the following information:
 INSURANCE COMPANY NAME: _____ Policy # _____
 Are there any policy restrictions? YES ___ NO ___ If yes, please list restrictions: _____

FAMILY PHYSICIAN NAME: _____ Phone _____

Your Blood Type: _____
 Are your immunizations complete? YES ___ NO ___ If no, when will they be completed? _____

Are you taking any prescription medications? YES ___ NO ___
 If yes, will you agree to have a sufficient supply to last you for at least 14 days? YES ___ NO ___

Do you have any allergies? YES ___ NO ___
 If yes, please list allergies: _____

Do you have any specific dietary restrictions? YES ___ NO ___
 If yes, please list restrictions: _____

Please note your health history and current medical condition: _____

SKILLS: Check the level of your ability for any of these skills (P=professional; G=good; H=hobby; A= around the house)

	P	G	H	A		P	G	H	A		P	G	H	A
Speak Creole or French					Masonry					Sewing				
Computer					Carpentry					Music				
Photography					Electrical					Arts & Crafts				
Teaching					Construction									

MEDICINE: Do you have a current Professional License? YES ___ NO ___ If yes, what kind of license do you have? _____ If you wish to use the skills for which you are licensed, you must attach a copy of your License and a copy of your Diploma and return both of them to us no later than two months before your trip because it takes that long to process your paperwork so you may work in Haiti.

GOALS: State briefly your reasons for going to Haiti and what you expect to contribute and gain on this trip:

Are you willing to live and work under conditions that may be uncomfortable, unfamiliar, and that require flexibility and understanding? _____ **Are you willing** to raise all the necessary funds for your travel and living expenses for this VIM mission trip? _____

VIM team members who are selected will be notified by email or mail. Your \$150 deposit must accompany this application. It will be completely refunded is the trip is cancelled, if your application is withdrawn at least 30 days prior to departure, or if it is not accepted. **You must sign the Liability Release Form and have it witnessed.**

Mail all materials to the address at the top of this page.

Signature _____ Date _____

Liability Release
Release of all Claims
Volunteers in Mission - Haiti Partnership
Upper New York Conference of the United Methodist Church
P.O. Box 58, Endicott, NY 13761-0058

In consideration of being accepted by the Haiti Partnership, under the direction of the Upper New York Conference of the United Methodist Church, for participation in a Volunteer In Mission (VIM) trip to Haiti, we (I), being twenty-one (21) years of age or older, do for ourselves (myself) (and for and on behalf of my child-participant if said is not 21 years of age or older) do hereby release, forever discharge and agree to hold harmless the Haiti Partnership, the Upper New York Conference, and the leaders thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in the above described trip.

Furthermore, we (I) and on behalf of our (my) child-participant if under the age of 21 years, hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities therein.

Further, authorization and permission is hereby given to the Haiti Partnership of the Upper New York Conference to furnish any necessary transportation, food, and lodging for the participant.

The undersigned further agrees to hold harmless and indemnify the Haiti Partnership of the Upper New York Conference, the Upper New York Conference, its leaders, employees and agents, for any liability sustained by said Conference as a result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

If the participant is under 21 years of age, by the authorized signatures below, the parents or legal guardian of this participant, (or in their absence, the Team Leader of the project) do hereby grant permission to take said participant to a doctor, medical facility, or hospital and hereby authorize medical treatment, including, but not limited to, emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.

If I am over 21, I, the undersigned, do hereby give permission to the Team Leader of the project, or his/her designate, the full authority to obtain emergency medical treatment for me. I, the undersigned, do hereby grant permission to take said participant to a doctor, medical facility, or hospital and hereby authorize medical treatment, including, but not limited to, emergency surgery or medical treatment, and assume responsibility of all medical bills, if any.

Further, should it become necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

Print the name of Participant: _____

Signature of Participant: _____ Date: _____

If the participant is under the age of 21, both parents must sign to signify their acceptance of the above. If the parents are separated or divorced, only the custodial parent must sign. If neither parent has legal custody, the Legal Guardian must sign and date this form.

Signature of Father: _____ Date: _____

Signature of Mother: _____ Date: _____

Signature of Legal Guardian: _____ Date: _____

I have read the foregoing and (by my signature) understand the rules of conduct for participants and will abide by them, as well as the direction of the leadership of the trip.

Signature of Participant: _____ Date: _____

Pastor's Recommendation Form

(Required for first-time applicants only)

_____ is applying to be a Volunteer in Mission team member with the Haiti Partnership. He/she plans to travel to Haiti for a work project and Christian mission. Please answer the questions below and return to our registrar at the address below. It is very important that you answer these questions as honestly and accurately as possible. Information provided will be held in strictest confidence.

1. How long have you know the applicant? _____
2. Would you recommend this applicant to be part of a mission team in a potentially stressful environment where much flexibility is needed? Please explain.
3. Are you aware of any physical or emotional limitations that would limit this applicant's participation in the mission project?
4. Would this applicant be a good candidate to interact with persons of other cultures? Why?
5. What would you list as the strengths of this applicant?
6. Other pertinent comments:

Signature of Pastor _____ Date _____

Thank you for your time.

Please mail to: Barry Watkins, Registrar
91 Anderson Hill Road
Owego, NY 13827-2520