

Collaborative Haiti Medical Team Interest Sheet July 2017
Children & Charity and Institute of Grace

Name (exactly as in your Passport): _____

Home Address: _____

Email: _____

Phone: _____ Cell: _____

Date of Birth _____ Passport Number _____

Passport Expiration Date _____ Citizenship _____ Gender _____

Do you understand we are going to encounter some rustic conditions and work directly with Haitians? The Institute of Grace does not offer luxury accommodations and we work with locals.

Yes - No

I have looked at the state department website about travel to Haiti Yes - No

<http://travel.state.gov/content/passports/english/alertswarnings/haiti-travel-warning.html>

I would like to help with (and briefly describe your skills/qualifications):

_____ Medical Team (doctor, nurse, dental, certified/student, etc)

_____ Support Team (set up children's program, other odd jobs)

Are you able to help with contributions toward supplies? Yes - No

We will need various medical supplies and funds for the Haitian workers)

I speak French _____, Creole _____, Spanish _____.

List any Medical Conditions (allergies, food allergies, physical limitations, etc):

Other comments:

For more information or questions contact marilyn2@prodigy.net or call 202-234-0488.