

ServeHAITI Volunteer Information /Interest/Selection Form

Section A: Contact /Personal Information:

Title (Mr, Mrs, Ms, Dr, etc.)\_\_\_\_\_

Name\_\_\_\_\_

Age\_\_\_\_\_

Gender: Male\_\_\_\_\_ Female\_\_\_\_\_

Address\_\_\_\_\_ City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

Telephone: Home\_\_\_\_\_ Work\_\_\_\_\_ Cell\_\_\_\_\_ Fax\_\_\_\_\_

E-mail \_\_\_\_\_

Best time to be contacted\_\_\_\_\_ please circle: EST CST MT PCST

Name of person to contact in case of emergency \_\_\_\_\_

Relationship to delegate\_\_\_\_\_

Contact Telephone\_\_\_\_\_

Contact E-mail\_\_\_\_\_

Availability of Time for Travel to Haiti : please X time(s) of year and circle month(s) which are best for you .

Spring\_\_\_\_\_ ( March- April-May)

Summer\_\_\_\_\_ ( June- July- August)

Fall\_\_\_\_\_ ( Sept- Oct- Nov)

Winter\_\_\_\_\_ ( Dec- Jan- Feb)

Would You Need Financial Support to Travel? (This question does not imply or guarantee financial assistance from ServeHAITI, nor does an affirmative response exclude from ability to travel with ServeHAITI)

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

Medical Information/ Special Needs:

This section pertains to any health issues which would have an impact on travel to a Third World Country, keeping in mind that schedules may not be able to be adhered to, there will be exposure to difficult living conditions with no guarantee of clean water. There are times when it is necessary to walk long distances over treacherous roads, and weather has an impact on road travel conditions.

When responding, please be honest with us and yourself as to whether you have any health issues (that you are aware of) which may need to be dealt with in a timely manner by others for your own safety as well as theirs.

If we feel necessary, we may ask for a Physician written permission or certificate of your ability to travel. At this time, pregnancy is considered a risk for travel and ServeHAITI would not feel comfortable allowing a delegate to travel who is within any trimester of a pregnancy, regardless of a physicians' release or a waiver of liability.

Chronic Health Issues \_\_\_\_\_

Medications \_\_\_\_\_

Allergies \_\_\_\_\_

### Section B: Travel to International Countries

Please list previous International travel experience by Country, dates and duration, and the context of which it was carried out (i.e.; Mission work, Business travel, personal travel)

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Passport Information (if you already possess one)

Type: (check one)

Personal \_\_\_\_\_ Diplomatic \_\_\_\_\_ Official Government \_\_\_\_\_

Country of Citizenship \_\_\_\_\_

Passport Number \_\_\_\_\_

Issue Date \_\_\_\_\_

Expiration Date \_\_\_\_\_

Name on Passport (first, middle, last) \_\_\_\_\_

Section C: Credentials

Degrees and Fields of Study \_\_\_\_\_

Licenses \_\_\_\_\_

Foreign Languages (writing, speaking, listening, reading fluency) \_\_\_\_\_

FLUENCY LEVEL- WHAT IT MEANS

AWARENESS: You have no experience

BASIC: Basic training has been received. The only experience has been in a calls room and/or experimental scenarios, or as a trainee on-the-job. You would be expected to need some help when performing the skill.

INTERMEDIATE: Repeated successful experiences have been completed. Help from an expert may be necessary from time to time, but you can usually perform the skill independently.

ADVANCED: You can perform the actions associated with the skill without assistance. You are certainly recognized within your immediate organization as “the person to ask” when difficult questions arise regarding this skill.

EXPERT: You are known inside and/or outside the organization as an expert. You can answer any question about the skill and most questions related to the field where the skill is used.

Section D: Skills and Experience

Please note the skills that you may have in a field by rating your expertise H, M or L and elaborate on the specific experience/in what capacity you performed in that field.

H- you are an expert and can perform skill without assistance if necessary

M- You have had some level of training but have not performed this skill without assistance

L- You have little or no experience

\_\_\_\_\_Accounting/auditing\_\_\_\_\_

\_\_\_\_\_Administration\_\_\_\_\_

\_\_\_\_\_Agronomy\_\_\_\_\_

\_\_\_\_\_Advertising\_\_\_\_\_

\_\_\_\_\_ AIDS prevention, treatment, awareness \_\_\_\_\_

\_\_\_\_\_ Anthropology \_\_\_\_\_

\_\_\_\_\_ Architecture \_\_\_\_\_

\_\_\_\_\_ Art \_\_\_\_\_

\_\_\_\_\_ Biomedical Engineering \_\_\_\_\_

\_\_\_\_\_ Conservation \_\_\_\_\_

\_\_\_\_\_ Construction \_\_\_\_\_

\_\_\_\_\_ Data Entry \_\_\_\_\_

\_\_\_\_\_ Carpentry \_\_\_\_\_

\_\_\_\_\_ Community and Social Service specialist \_\_\_\_\_

\_\_\_\_\_ Communications \_\_\_\_\_

\_\_\_\_\_ Dental \_\_\_\_\_

\_\_\_\_\_ Economics \_\_\_\_\_

\_\_\_\_\_ Education \_\_\_\_\_

\_\_\_\_\_ Electrical \_\_\_\_\_

\_\_\_\_\_ Fundraising \_\_\_\_\_

\_\_\_\_\_ Health Education \_\_\_\_\_

\_\_\_\_\_ Home Appliance Repair \_\_\_\_\_

\_\_\_\_\_ Human Resources \_\_\_\_\_

\_\_\_\_\_ Journalism \_\_\_\_\_

\_\_\_\_\_ Medical \_\_\_\_\_

\_\_\_\_\_ Mental Health \_\_\_\_\_

\_\_\_\_\_ Music \_\_\_\_\_

\_\_\_\_\_ Photography \_\_\_\_\_

\_\_\_\_\_ Project Management \_\_\_\_\_

\_\_\_\_\_ Public Health \_\_\_\_\_

\_\_\_\_\_ Radio \_\_\_\_\_

\_\_\_\_\_ Radiology \_\_\_\_\_

\_\_\_\_\_ Sewing \_\_\_\_\_

\_\_\_\_\_ Social Work \_\_\_\_\_

\_\_\_\_\_ Survey Research \_\_\_\_\_

\_\_\_\_\_ Veterinary \_\_\_\_\_

\_\_\_\_\_ Vocational Education \_\_\_\_\_

\_\_\_\_\_ Volunteer Management \_\_\_\_\_

\_\_\_\_\_ Zoology/Wildlife Biology \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

Section E:

Please tell us a little bit about yourself- including you interests and hobbies.

How did you become aware of ServeHAITI?

What is your main reason for wanting to be a trip delegate?

Are you willing to make a commitment to work within the organization for a minimum of a year after your return?

(This would include but is not limited to trying to raise awareness of the organization within your own community and among friends and family.)

Are you willing to travel under adverse conditions with no expectation of liability by ServeHAITI for any unforeseen events or circumstances and are you willing to sign a waiver stating such?

Would you be willing to fill out a post trip survey?

Are there other areas of interest for you as a trip volunteer within the United States?

\_\_\_\_\_pill packing

\_\_\_\_\_duffel packing

\_\_\_\_\_supply/food purchasing( with reimbursement)

For office use only:

Date received: \_\_\_\_\_

Updates/ change in eligibility status \_\_\_\_\_

Withdrawal date from volunteer pool \_\_\_\_\_