



Missionary Application

Last Name: _____
First Name: _____

Address: _____ City: _____
State: _____ Zip Code: _____ Phone: _____
Cell Phone: _____ E-mail: _____
Sex: Male Female Status: Married Single Dependent
Person to contact in case of emergency: _____
Emergency contacts home: _____ . Cell: _____

Are you allergic to any foods or substances. If yes, please name the allergen:

Birth Date: _____ Place of Birth: _____ Age: _____

Do you have any health problems or disabilities that require special attention? If yes, please explain: _____

Church Name: _____
Church Address: _____
City: _____ State _____ Zip Code: _____
Phone Number: _____ How often do you attend? _____
Your pastor's Name: _____ Last Name _____
Email : _____
Phone #: Cell _____ Office _____

Briefly describe what you would like to accomplish during your visit:

Prior Mission experience: _____

Please list two references.

1) Name: _____

Hm. Phone: _____

Cell/Work Phone: _____

2) Name: _____

Hm. Phone: _____

Cell/Work Phone: _____

Medical Volunteer Information:

Employer: _____

Position and
duties: _____

Address: _____

Phone: _____

Please submit the following documents that pertain to you with your application:

- **A copy of the photo page of your passport**
- **A copy of your medical license or credentials (medical volunteers only)**
- **Your resume (medical volunteers only)**
- **Two letters of recommendation (one preferably from church Pastor or board member)**

Generations of Hope, Haiti Inc
210 Dogwood Lane
Meriden, CT 06450

Phone (203) 213-5781

Guidelines for those who want to be part of this mission trip:

- Applicants must fill out the mission application and return it to the office at *least 30 days* prior departure.
- Do not purchase ticket before clearance and application approval from Go Haiti.
- A confirmation notice will be issued to the applicant after the approval of his/her application and then he/she can proceed to contact GOHaiti to proceed with making travel arrangements.
- Applicant must cover **all his/her travel expenses** including his/her health expenses.
- Although safety measures are considered, Generations of Hope, Haiti (GOHaiti) are **not responsible** for accidents or other inconveniences should any arise.
- Applicant must bring all his / her necessary own medicine or medical equipment.
- Applicant is not authorized to use alcohol or other prohibited substance while in the field.
- Applicant must attend 2 to 3 team meetings for prayer, planning and training on missions and strategies.