



## Missionary Application

### Volunteer's Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Sex:  Male  Female      Status:  Married  Single  Dependent

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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

As a result of working with children, would you be willing to be finger printed? \_\_\_\_\_

Prior Mission experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you accepted Jesus Christ as your personal Lord and Savior? \_\_\_\_\_

If yes, how long ago? \_\_\_\_\_

Give a brief testimony (optional) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is the name of your congregation: \_\_\_\_\_

Church Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ How often do you attend? \_\_\_\_\_

Do you have any specific ministry in your church? \_\_\_\_\_

\_\_\_\_\_

Your pastor's Name: \_\_\_\_\_ Last Name \_\_\_\_\_

Email : \_\_\_\_\_

Phone #: Cell \_\_\_\_\_ Office \_\_\_\_\_

Do you have any substance abuse problem? \_\_\_\_\_ If yes, have you been rehabilitated? \_\_\_\_\_

Are you drug free now? \_\_\_\_\_

Have you ever been arrested? If YES, please explain: \_\_\_\_\_

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Language spoken [ ] English [ ] Spanish [ ] French [ ] Creole  
Other language \_\_\_\_\_

Describe any vocational or medical training or skills you have that can be helpful in the mission field:

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Please describe briefly your Christian experience, your interest in missions, and why you desire to go into missions:

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Is there anything else you think we should know about this mission trip?

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Please list at least two emergency contacts.

1) Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Hm. Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Wk. Phone: \_\_\_\_\_

2) Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Hm. Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Wk. Phone: \_\_\_\_\_

Medical Volunteer Information:

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Brief description of your current tasks at work: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Motive for your visit:

\_\_\_\_\_  
\_\_\_\_\_

Please list two references.

1) Name: \_\_\_\_\_

Hm. Phone: \_\_\_\_\_

Wk. Phone: \_\_\_\_\_

2) Name: \_\_\_\_\_

Hm. Phone: \_\_\_\_\_

Wk. Phone: \_\_\_\_\_

Please submit the following to the address below:

- A copy of the photo page of your passport
- Proof of immunizations
- Two reference letters including one from your Pastor.
- A copy of your medical license or credentials
- Your resume (medical volunteers)

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 the mission department.
- 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.
- GOHaiti will handle booking airfare for each mission team member. Applicants will in turn reimburse GOHaiti the cost of the airfare.
- Applicant must cover all his/her travel expenses including his/her health expenses.
- Although safety measures are considered, Miami Baptist Church and/or GOHaiti are not responsible for accidents or other inconveniences should there any.
- 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.