



Haitian Health Foundation Volunteer Application

Today's Date:		Date of Birth:	
Full Name (as it appears on your passport):			
Address:			
City:		State:	Zip Code:
Home Phone:		Cell Phone:	
Best Time to Call You: <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Evening		E-mail Address:	
Employer:		Present Occupation:	
Allergies or Medical Conditions:			
Are you currently attending school? <input type="checkbox"/> Yes <input type="checkbox"/> No		Education Field:	
Name of School:			
Education Level: <input type="checkbox"/> HS Diploma <input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate <input type="checkbox"/> Other:			
Languages Spoken:		Proficiency Level: <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Expert	
Special Skills or Training:			
Any current or past involvement with HHF:			
What motivated you to volunteer with HHF?		How did you hear about us?	

OTHER VOLUNTEER EXPERIENCE:

List name of organization (other than HHF), duties performed, and start/end dates of volunteering:
Previous Travel Experience:
Have you ever participated in emergency response efforts in the past: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
How long can you commit to volunteering? <input type="checkbox"/> 1 week <input type="checkbox"/> 1 month <input type="checkbox"/> 6 months <input type="checkbox"/> 1 year <input type="checkbox"/> Other:
Will someone else be traveling with you? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, whom?
List three references (include name, phone number and/or email address), and their relationship to you:

Signature