



Volunteer-Team Application

Thank you for your interest in coming to minister in Haiti. Please note that this isn't you notifying us of your trip it is an application. We would love to help you reach your ministry goals and would like to know some basic information about your team before we proceed. Please take the time to fill out this short form and send it back to us at outreach@ywamhaiti.org. Thank you.

Basic Information

Team Name: \_\_\_\_\_ Where From: \_\_\_\_\_

Leader(s) Name(s): \_\_\_\_\_

Contact Email: \_\_\_\_\_ Skype: \_\_\_\_\_

Address: \_\_\_\_\_ Phone (1): \_\_\_\_\_  
Street

\_\_\_\_\_ Phone (2): \_\_\_\_\_  
City/Town State/Province Postal Code

Proposed Arrival Date: \_\_\_\_\_ Proposed Departure Date: \_\_\_\_\_

Team Demographics

\*Please contact us first if you are planning on brining someone under the age of 18\*

How Many in the team? \_\_\_\_\_ Men: \_\_\_\_\_ Women: \_\_\_\_\_ Couples: \_\_\_\_\_  
^(Please include the couples in this count)^  
Children: \_\_\_\_\_ Teens: \_\_\_\_\_ Adults: \_\_\_\_\_

Ministry Focus

\*Please be as specific as possible in these categories, as it helps us get a better idea of your team\*

Practical (e.g.- construction, plumbing, carpentry, housekeeping, kitchen, grounds, maintenance, etc.)

Evangelism (e.g.- skits, bible teachings, friendship evangelism, intercession, worship, etc.)

Medical (e.g.- Nurses, Doctors, Physical Therapists, EMT, basic sanitation/hygiene teachings, basic first aid, etc.)

Other (what are your teams special skills, heart for ministry, etc.)



Team Member Information & Current Medical Condition

This is a very important part of our application, please do not leave out any medications or allergies. Remember we do not have easy access to excellent healthcare as like most western countries, so we need to know what is going on. Please print this sheet multiple times if necessary to get all team member information. Thanks!

Team Member Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
Nationality: \_\_\_\_\_ Passport Number: \_\_\_\_\_
Allergies: \_\_\_\_\_
Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_
Medications and why: \_\_\_\_\_

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