



Volunteer 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 get to know some basic information about you and your ministry goals while here in Haiti 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

Your Name: _____ Date of Birth: _____

Contact Email: _____ Skype: _____

Address: _____ Phone (1): _____
Street

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

Proposed Arival Date: _____ Proposed Departure Date: _____

Connection to YWAM?

Leave blank if there is no previous connection

DTS Location & Leader: _____ When: _____

Current YWAM Location: _____ Staff/Student of what: _____

School / Base Leader: _____ Phone: _____

Ministry Focus

Please be as specific as possible in these categories, as it helps us get a better idea of you

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 special skills, heart for ministry, etc.)

Medical Release & Current Medical Condition

This is a very important part of our application. 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!

Your Name: _____ Date of Birth: _____

Nationality: _____ Passport Number: _____

Allergies: _____

Emergency Contact: _____ Phone: _____

Medications and why: _____

Any other important medical information we should know about: _____

CONSENT FOR TREATMENT

I, _____ hereby agree to the performance of such treatment, anesthetics, and operations as the opinion of the attending physician is deemed necessary on the above-named person.

LIABILITY RELEASE

I, _____ hereby release YOUTH WITH A MISSION, INC. it's agents, employees, and volunteer assistants from any liability whatsoever arising out of any injury, damage, or loss which may be sustained by said person during the course of involvement with YOUTH WITH A MISSION, INC. I agree to resolve any and all disputes with YOUTH WITH A MISSION, it's directors or staff by means of reconciliation or arbitration, and waive any right to pursue action by way of litigation.

X _____
 Applicants Signature

X _____
 Parent/Guardians Signature if under 21

 Date

 Date Relation to Applicant

Thank you so much...

...for filling out this short application. We ask that you do not make any travel plans but wait until we accept your application, dates, etc.

One last thing that we ask is that if you are currently part of YWAM have your base director (if you are not have your pastor) email us at outreach@ywamhaiti.org with a recommendation letter for your involvement here in Haiti.

Again, thank you for your heart in wanting to serve the vision & strategy of YWAM Haiti!