



**H3Missions, Inc.**  
Help for Hurting Humanity

## **HAITI TRIP APPLICATION PACKET**

### **Welcome to H3Missions, Inc.**

H3Missions, Inc. is a nonprofit organization committed to improving the healthcare available to impoverished communities around the world. We do this by leading medical, dental and surgical teams to Haiti, providing primary care to cervical cancer screenings to specialized surgical services.

### **Join Us**

We invite you to join H3Missions in Haiti by participating in one of our volunteer trips. We work in orphanages, medical clinics, the open bush, schools, tent cities and hospitals. Our trips, while focused primarily on healthcare, also seek to improve the communities where we work. As a result, since 2010, hundreds of volunteers have joined us in Haiti to help complete projects such as building classrooms, toilets, and digging wells. Team members have also played soccer and taught American football to youth, and conducted dental and women's healthcare seminars, while patients are waiting to be seen. All team members will have an opportunity to experience the culture, to interact with the people of Haiti, and to provide healthcare that will have a positive and lasting impact on Haitian Children, families and entire communities.

Thank you for helping us fulfill our mission and vision for the people and nation of Haiti.

H3Missions, Inc.

---

## Trip Application Details

After completing the following, please submit a trip application packet, including the following completed and signed documents:

- Volunteer Application Form
- Personal, Medical, and Emergency Contact Information
- Assumption of Risk & Release Form
- Sample Certification Support Medical Letter Insurance/Copy of Insurance Card
- Code of Conduct

**NOTE:** Anyone under 18 years old will need to submit a notarized approval for temporary guardianship. If you are under 18, please ask our trip coordinator about this.

To confirm your trip, please send your completed application, all related documents, and \$150.00 non-refundable deposit ASAP to:

**H3Missions, Inc.**

**P.O. Box 53202**

**Riverside, CA 92517**

Please check the 2018 trip week(s) for which you are applying:

[ ] May 26 – June 6TH (Cervical Cancer Screening Effort)

Please circle your unisex t- shirt size (note: sizes run a bit small):

Adult XS - Adult S – Adult M – Adult L – Adult XL – Adult XXL – Adult XXXL

## Volunteer Application

<b>Name as it appears on your passport:</b> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span><i>Last</i></span> <span><i>First</i></span> <span><i>MI</i></span> </div>	Application Date:
Home Address:	Age:
City/State/Zip:	Date of Birth:
Home Telephone #: <span style="margin-left: 150px;">Cell #:</span>	Gender: <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span>Male</span> <span>Female</span> </div>
Email Address:	Marital Status: <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span>Single</span> <span>Married</span> </div>
Permanent Mailing Address (if different from address above):	Passport Number:  Expiration Date:
Health Insurance Company:	Insurance Policy Number:

**If under the age of 18\*:**

<b>Father/Guardian's Name:</b> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span><i>Last</i></span> <span><i>First</i></span> <span><i>MI</i></span> </div>	
Address/City/State/Zip:	Phone Number:
Mother/Guardian's Name:	
Address/City/State/Zip:	Phone Number:

**\* Anyone under 18 MUST be accompanied by a parent or guardian**

## Medical and Emergency Contact Information

### Medical Information:

Do you currently take any medications that we need to be aware of? Please list:  What is your blood type?	
Do you have any allergies? Please list:	
Primary Physicians name and phone number:	

### Emergency Contact Information:

Name:	
Phone:	
Email:	
Relationship:	

## Assumption of Risk and Release of Liability, and Indemnity Agreement

*ATTENTION: This form affects your legal rights; please read carefully.*

In consideration of being allowed to volunteer and/or stay with H3Missions, Inc.

I, (Name) \_\_\_\_\_ agree that:

I, for myself, my heirs, personal representatives or assigns, **do hereby release, waive, discharge, and covenant not to sue** H3Missions, Inc. and any and all of its volunteers, employees, board members, contractors, partners, donors, and associates **due to any and all claims including the negligence of the group mentioned above**, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in The Activity.

**ASSUMPTION OF RISK:** Participation in The Activity carries with it certain significant, inherent risks that cannot be eliminated regardless of the care taken to avoid injuries.

The risks associated with The Activity include, but are not limited to: loss of property, serious bodily injury, death, kidnapping, being held for ransom money, mental or emotional trauma, and contraction of possibly fatal pathologies.

The risks include, without limitation, living and working in dangerous circumstances, with limited access to medical care and proper sanitation, working with or around dangerous equipment, which may break, fail, malfunction, or otherwise cause injuries.

The risks include, without limitation, riding in or on vehicles or using transportation arranged by H3Missions, Inc.

The Activity takes place in a seismically and politically unstable location where my safety cannot be guaranteed. There is no reliable police force in Haiti, and the UN cannot be relied upon to serve as such.

I am mentally sound and physically capable of volunteering with H3Missions, Inc. in Haiti.

I have made health and evacuation insurance arrangements and I recognize that H3Missions, Inc. is not responsible for the costs of my health care or evacuation.

H3Missions' projects are run by volunteers who may not have professional experience or professional grade assessment abilities. It is my responsibility to be continually assessing possible risks as well as my own ability to perform the tasks offered to me, and it is my responsibility to expressly communicate any and all limitations and concerns I hold, as well as risks I am aware of. I have been briefed of the risks, with the understanding that every eventuality cannot be foreseen and warned against.



I also agree to INDEMNIFY AND HOLD H3Missions, Inc. HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney’s fees brought as a result of my involvement with H3Missions, Inc. and to reimburse them for any such expenses incurred.

SEVERABILITY: I expressly agree that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Name (print):

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

IF YOU ARE UNDER THE AGE OF 18, A PARENT OR LEGAL GUARDIAN MUST SIGN THE ACKNOWLEDGEMENT ON YOUR BEHALF:

Name of Participant (print):

\_\_\_\_\_

Name of Parent/Legal Guardian (print):

\_\_\_\_\_

Signature of Parent/Legal Guardian:

\_\_\_\_\_

Date: \_\_\_\_\_

## Code of Conduct Form

**As a member of a H3Missions, Inc. team, you are expected to conduct yourself according to the following set of rules:**

- Another team member must know your whereabouts at all times.
- You cannot ever go anywhere without another team member; in certain instances females must be accompanied by at least one male.
- No inappropriate male/female physical contact among team members or with the Haitian people.
- Dress must be appropriate (for Haitian culture) at all times.
- No possession of or taking illicit drugs, unless prescribed by your doctor.
- Respect the local people and their culture at all times; also, respect other team members.
- Don't make promises to the locals; this can lead H3Missions to disappointment and bitterness.
- Do not give them any gifts without first asking a staff member.
- Refrain from complaining or arguing with other group members.

**I, the undersigned, understand the trips like this can be difficult and agree to adhere to the Code of Conduct. I understand that if I am unable to follow the rules, I may be required to fly home early, at my own expense. I agree that I have read and understand the Code of Conduct as noted above.**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

## Sample Support Letter

Dear \_\_\_\_\_,

I would like to share an exciting opportunity with you. In a few months, I will be traveling to Haiti as a volunteer with H3Missions, Inc. Since 2010, H3Missions has led volunteer medical, dental and surgical teams to Haiti.

I am excited to contribute to their great healthcare projects and really make a difference. My trip to Haiti will be from \_\_\_\_\_. This will be a great experience for me to learn, grow, connect with other people, and contribute to the world community.

I am sharing my plans with you in order to ask for your help. I am responsible for raising the cost of the trip. The total amount I have to raise is \$ \_\_\_\_\_. I am asking friends and family to help support my trip.

If you are able, I greatly appreciate any support you can give. All contributions should be made payable to H3Missions, Inc., P.O. Box 53202, Riverside, CA 92517 and are tax-deductible.

Donations can be made by check and mailed to: (YOUR ADDRESS HERE)

Thank you in advance for your support. I look forward to sharing more about this opportunity with you soon.

Sincerely,

---