

Before filling out this form please do the following:

- 1) **SAVE** this document to your computer.
- 2) Return completed form to CWE via **EMAIL** as an **ATTACHMENT**.

office@cwe-missions.org

Volunteer Information Form

HAITI CMS 2012

LEGAL NAME THAT APPEARS ON YOUR PASSPORT/BIRTH CERTIFICATE

LAST		FIRST	MIDDLE	HOME PHONE
ADDRESS				CELL PHONE
CITY		STATE	ZIP CODE	BUS.PHONE
CHURCH AFFILIATION:			E-Mail	
BIRTHDATE OF VOLUNTEER	BENEFICIARY NAME FOR INSURANCE PURPOSES			RELATIONSHIP
PASSPORT NUMBER			EXPIRATION DATE	

A YELLOW CWE SHIRT IS REQUIRED FOR ALL TRAVEL. Please check one of the following options:

_____ I need a shirt Choose size: S M L XL XXL

Note: Shirts are men's sizes - please order accordingly

_____ I don't need a shirt and am deducting \$20.00 from my total trip cost

IN CASE OF EMERGENCY, NOTIFY:

LEGAL NAME: LAST	FIRST	MIDDLE	RELATIONSHIP
ADDRESS			HOME PHONE
CITY		STATE	ZIP CODE
			BUS.PHONE

GENERAL RELEASE

In consideration of acceptance of my application and allowing me to serve as a volunteer to and on behalf of CWE, I, for myself and my personal representatives, heirs, and assigns, hereby forever release, discharge and hold harmless CWE and its officers, directors, employees, agents and their respective heirs, representatives, successors and assigns, and each of them, from liability of any nature whatsoever, at law or in equity, including, without limitation, my participation as a volunteer. The validity, construction, and enforceability of this release shall be determined in accordance with the laws of the State of Florida.

I agree to the terms as stated above

Date: _____

MEDICAL INFORMATION FORM HAITI CMS 2012

NAME:	Last	First	Middle	Gender	DATE OF BIRTH
				M F	

ADDRESS:	Number	Street	City	State	Zip	PHONE:
----------	--------	--------	------	-------	-----	--------

NEXT OF KIN:	Name	RELATIONSHIP	PHONE:
--------------	------	--------------	--------

PERSONAL PHYSICIAN:	Name	Address	PHONE:
---------------------	------	---------	--------

ALLERGIES:	_____	_____	_____
	_____	_____	_____

WHAT MEDICAL CONDITIONS DO YOU HAVE?

OPERATIONS YOU HAVE UNDERGONE

<u>Type of Operation</u>	<u>Date</u>
--------------------------	-------------

MEDICINES YOU ARE NOW TAKING

<u>Name of Drug</u>	<u>Dosage</u>
---------------------	---------------

I hereby grant CWE the use of above medical information as needed to help in my medical evaluation and care as a volunteer worker for this organization.

I agree to the terms as stated above

Date: _____

**TRAVEL QUESTIONNAIRE
HAITI CMS 2012**

Volunteer Name: _____

**THE TEAM WILL BE MEETING IN MIAMI INTERNATIONAL AIRPORT
AT 11:00AM ON MAY 12, 2012**

We strongly recommend that you use American Airlines or one of their partners for your flight to Miami and back. If there is an arrival delay upon your return to the States, the airline will be much more accommodating to get you on the next available flight back home.

Please check one:

- I will be driving to Miami to meet the team
- I will be flying to Miami to meet the team – please fill out information below

Flight Arrival into Miami (at beginning of trip):

Date: _____

Airline: _____

Flight #: _____

Arrival time
into Miami: _____

City above flight
coming from: _____

Flight Departure from Miami (at end of trip):

Date: _____

Airline: _____

Flight #: _____

Departure time
from Miami: _____