



VOLUNTEER APPLICATION

Name (as it appears on your passport): _____

Date of birth: _____ Passport# _____

Address: _____ Gender: male / female

Email address: _____ Phone#: _____

Occupation: _____ Credentials: _____

Please send a current copy of your professional medical license with your application

Why do you want to participate as a volunteer with Friends of the Children of Haiti?

Do you have any health related problems or physical limitations? If yes, please explain:

Please list (1.) name of person to contact in case of emergency and (2.) name of your chosen beneficiary (for insurance enrollment):

1. Name: _____ 2. Name: _____

Email address: _____ Email address: _____

Phone#: _____ Phone#: _____

Relationship: _____ Relationship: _____

If I am selected to participate as a volunteer with Friends of the Children of Haiti I will follow the policies and procedures established for the welfare of the group, follow instructions by the group's leaders and accept all conditions that support the group's goals.

Signature: _____ Date: _____

Please return this completed form to: **Friends of the Children of Haiti**
P.O. Box 789
Peoria, IL 61652
Atten: Volunteer candidate