

CARING BROTHERS & SISTERS FOUNDATION

THE VOLUNTEER APPLICATION FORM

Thank you for volunteering with CARING BROTHERS & SISTERS FOUNDATION (CBSF), Inc. on their 8th medical mission to the North West Region of Haiti. Please complete the volunteer application form and return via email to Caringbrothersandsisters@gmail.com

SECTION 1: GENERAL INFORMATION

FULL NAME (as it appears on your passport): _____
Date of Birth: _____ Age: _____ Male: _____ Female: _____
Passport: # _____ Passport Expiration Date: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Cell Phone: _____ E-Mail: _____

SECTION 2: EMERGENCY CONTACT

IN CASE OF EMERGENCY NOTIFY:

Name: _____ Relationship: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Telephone: (Cell #) _____ (Home) _____

EMERGENCY INFORMATION

List any known allergies to medications, foods, insect bites, etc.? _____
List medical problems? _____
Are you pregnant? Yes ___ No ___ (If yes please notify CBSF)

IMMUNIZATION RECORD

Immunization	1st Dose (Week before mission)	2nd Dose (Week of mission)
Anti-Malaria (pills)		

SECTION 3: PROFESSIONAL SPECIALITY

Please List: _____

SECTION 4: NON MEDICAL SPECIALTY

Please List: _____

LIABILITY WAIVER AGREEMENT

I (_____) desire to participate in CARING BROTHERS & SISTERS FOUNDATION, Inc. medical mission to the North West region of Haiti. I am willingly signing this waiver releasing CBSF from any risk and liability associated with this trip.

1. I understand that the terms of this Agreement are contractual and legally binding on me, my heirs and beneficiaries.

2. I am aware of the potential hazards and risks associated with serving in a missionary capacity. I embark on this trip with full awareness of these risks. I voluntarily assume **ALL** risks, as well as any damage to my personal property.

3. I release and discharge CSBF from any and **ALL** liability and responsibility for any loss, damage, or injury of any kind that may incur in connection with my participation on this trip.

4. I understand that this Liability agreement is intended to be as broad and inclusive as permitted by law. **I HAVE CAREFULLY READ THE FOREGOING ASSUMPTION OF RISK AND UNDERSTAND ITS CONTENTS. I RELEASE CBSF OF ANY LIABILITY.**

I voluntarily sign this agreement.

Printed Name: _____

Signature: _____

Date: _____