

3/20/14

HAITI MISSION

A Sister Parish Relationship
Catholic Church of St. Joseph the Worker,
Maple Grove, MN and
Sainte Catherine d'Alexandre
Bouzy, Haiti



[Trip Dates}

*Please return by [deadline] for the
[Month] trip.
Please include a \$100.00 non-refundable
deposit.*

SHORT TERM APPLICATION (Please Print)

First Name: _____ Last Name: _____

Address: _____

(Street)

(City)

(Zip)

Telephone: (H) _____ (W) _____ (C) _____

E-mail Address: _____

Best time to contact you? ___ days and evenings _____

Age: _____ Date of birth: _____

Gender: _____

Occupation: _____

Marital Status: _____

Do you have a current passport? _____

(If not, apply now as it takes 4-6 weeks to have one processed.)

If yes, what is your passport number?

How does/will your name appear on your passport?

Passport Expiration date: _____

*Please include photocopy of your passport with your application.

Have you completed VIRTUS? All adult volunteers who have ongoing contact with children or young people must complete this training. To be eligible to travel with the Haiti Mission Team, you must complete VIRTUS. You may register online at: <http://www.virtus.org> to register for training. You will be able to view a list of available sessions. You may then begin the registration process. Please find directions to register for VIRTUS enclosed with the application. If you have already completed this training in the past, you do not need to attend again.

The Archdiocese of St. Paul and Minneapolis has enacted policies to deal with the problem of sexual abuse. To help protect children, the United States Catholic Conference of Bishops have mandated background checks for all volunteers who come in contact with minors in Catholic parishes and schools. With this Haiti Mission Application, you will be given forms which must be completed and returned so that the background check may be completed. Any information you provide for this background check will be kept confidential by St. Joseph the Worker.

TELL US ABOUT YOU:

Why do you want to go to Haiti? What do you expect? Use reverse side if needed.

Describe how you see Jesus in others?

When or where do you feel closest to God?

When or where do you feel furthest from God?

Have you traveled outside the U.S.? If so, where and how long?

What strengths do you bring to the team?

What weaknesses do you bring to the team?

Describe your physical condition?

If the answer to any of the following questions is yes, please explain:

Are you presently taking any medicine or under the Doctor's care?

Explain:

Do you snore, sleep walk, or have night terrors?

Are there any special needs we should be aware of?

Is there anything else we should be aware of that hasn't been covered?

Are you aware of anything in your background that could potentially cause a problem clearing immigration or customs at the airport? If so, please explain:

Have you ever been accused (wrongly or rightly) or investigated for sexual improprieties with adults or children?

Explain:

References

List references,
two staff and parishioners at

St. Joseph the Worker Catholic Church or your previous parish/congregation:

Name	Relationship	Phone	Known how long?
Name	Relationship	Phone	Known how long?
Name	Relationship	Phone	Known how long?
Name	Relationship	Phone	Known how long?

**Please return the application form along with a \$100.00 deposit by
(See dates on first page) to:**

**Haiti Mission
St. Joseph the Worker Catholic Church
Maple Grove, Minnesota 55369
763 425 6505 x228
stjoseph.saintecatherine@gmail.com**

If you are not accepted, your deposit will be returned to you. If you are accepted to participate in this project, your deposit becomes non-refundable and is applied to the cost of your trip. These deposits are tax deductible.

***IF ANYTHING CHANGES BETWEEN NOW AND THE BEGINNING OF THE TRIP, PLEASE
DISCUSS THE SITUATION(S) WITH THE LEADERS OF THIS TRIP.***

My Name: _____

My Family: _____

My Occupation: _____

In my spare time I love
to: _____

My greatest
joy(s): _____

My fondest childhood
memory(s): _____

My biggest
challenge(s): _____

My favorite book(s), movie(s),
music: _____

If I could, I
would: _____

Words that best describe
me: _____

I regret: _____

Difficult time of
life: _____

Significant God connections: _____

Are you a "cradle" Catholic or have you come into the Church through the Rite of Christian Initiation? How did you come to St. Joseph the Worker?

If you are from another faith tradition, please tell us about your conversion and how you came to a personal relationship with God? How did you come to your faith community?

Inspiring people in my life: _____

I just love: _____

My wildest dreams: _____

I wish I could control my: _____

My favorite TV show(s) growing up: _____

MEDICAL INFORMATION SHEET
Please Complete This Form

First Name: _____ Last Name: _____

NAME AND PHONE NUMBER OF PERSON(S) TO CONTACT IN CASE OF MEDICAL EMERGENCY:

1. _____ Phone (H) _____ (W) _____

2. _____ Phone (H) _____ (W) _____

Health Insurance Information:

Company Name: _____ Policy #: _____

Phone: _____ Signature: _____

Have you had any contagious disease recently that we should be aware of?

Yes _____ No _____

If yes, what? _____

Please list any known allergies or medical problems:

Are there any intermittent or chronic health problems that you may encounter while out of the country?

List any medications you are taking at the present time, the reason for taking it and the dosage and frequency?

Will you be bringing any other medication on the trip?

Yes _____ No _____

If yes, list:

Please list any other medical information that we may need to know during the trip:

RELEASE OF LIABILITY

Volunteer Traveler Assumption of Risk and Release Agreement

Assumption of Risk and Indemnity Agreement

Name of Volunteer Traveler _____

Parish: ST. JOSEPH THE WORKER _____

Country Traveling to HAITI _____ Dates _____

Description of Travel Activity: CARING FOR SICK CHILDREN AT THE MISSIONARIES OF CHARITY IN PORT-AU-PRINCE, CARING FOR ADULTS AT THE MISSIONARIES OF CHARITY HOME FOR THE DYING, TRAVELING TO AND EXTENDED STAY IN BOUZY, HAITI—A RURAL VILLAGE. PARTICIPATING IN CLINIC THAT WILL CARE FOR SICK ADULTS AND CHILDREN IN BOUZY, HELPING IN THE PRIMARY SCHOOL, TRAVELING TO REMOTE CHAPELS OF SAINTE CATHERINE DE BOUZY.

The undersigned, his/her personal representatives, heirs and assigns, DO HEREBY:

1. **RELEASE, DISCHARGE AND COVENANT NOT TO SUE ST. JOSEPH THE WORKER** or the Archdiocese of St. Paul/Minneapolis, MN, their officers, directors, agents, employees or representatives associated with the trip, for any and all claims and liability arising out of the strict liability or ordinary negligence of releasee which causes the undersigned injury, death or property damage and further agrees to hold releasee harmless and indemnify releasee from any claim, judgment or expense releasee may incur by participation in the described travel activity.
2. I UNDERSTAND that participation in the described travel trip involves danger and risk of injury. The inherent danger is understood and voluntarily assumed.
3. I agree to whole-heartedly abide by all rules, regulations and guidelines set forth by Church of St. Joseph the Worker, and to abide by all decisions made by all leaders and those in authority. Should I refuse to comply with rules, regulations, and guidelines, I may be sent home by the leaders or those in authority at my expense.

I HAVE READ THIS DOCUMENT. I UNDERSTAND IT IS A RELEASE OF ALL CLAIMS. I UNDERSTAND I ASSUME ALL RISK INHERENT IN THIS ACTIVITY. I VOLUNTARILY SIGN MY NAME EVIDENCING MY ACCEPTANCE OF THESE PROVISIONS.

Printed Name

Date signed

Signature

Witness signature