

Volunteer Application

CONFIDENTIAL

Please fill out your contact information and answer all questions below.

Anything marked with a * is Mandatory to answer

Personal Information:

*First Name _____

*Last Name _____

Middle Name _____

*Home Address _____

*City, State, Zip _____

Mailing Address If different from above:

*Home phone: _____

*Cell phone: _____

Work phone: _____

*Email: _____

Emergency Contact Information:

*1st Emergency contact:

Name _____

Address _____

Contact #: _____

Relationship _____

*2nd Emergency contact:

Name _____

Address _____

Contact #: _____

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Relationship _____

Employer Information:

Employer Name _____

City _____

State _____

Zip code _____

Phone _____

How long w/ the company? _____

Duties: _____

Education:

Name of school _____

City _____

State _____

Zip code _____

Phone _____

Major _____

How long attended? _____

Degree? Yes / No

Name of school _____

City _____

State _____

Zip code _____

Phone _____

Major _____

How long attended? _____

Degree? Yes / No

Please list any additional Training and or list of languages spoken:

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Travel Information:

*License# _____

*State _____

*Passport# _____

*Country _____

*Date of Birth _____

*Expiration Date _____

*Residency Card # _____

*Have you ever been convicted of a crime? Yes / No

*If yes, list convictions.....

**Please be aware that it is a possibility that we may request a background check and/or quarry...
You will be notified and asked for your approval in advance**

Languages Spoken _____

*Are you able to adapt in any living conditions in a disaster area OR a third world country?

Yes / No

Availability

Please circle 1

1 WEEK

2 WEEKS

3 WEEK

Experience and Interests:

PLEASE PLACE **E** IF EXPERIENCED OR **I** FOR INTEREST

Healthcare { }

Please specify any healthcare skills: _____

Carpentry { }

Electrician/Plumbing { }

Accounting/Bookkeeping { }

Administrative Support { }

Casework/Counseling { }

Community Outreach { }

Customer Service { }

Data Entry { }

Disaster Relief { }

Driving/Transportation { }

Event Planning { }

Fund Raising { }

Graphic Art { }

Information Technology { }

Public Relations { }

Public Speaking { }

Teaching/Training { }

Web Design { }

Youth Programs { }

Please List any additional Trade or Special skills: _____

Disaster certifications: _____

Why have you decided to do volunteer work in another country?

Have you ever gone on a mission like this before?

*Do you have desires of starting a nonprofit?

*Are you currently a member of a nonprofit?

Release, Waiver, Discharge of liability and Covenant not to Sue

Light Path mission trips are done on a voluntary basis with the purpose of providing each volunteer the opportunity to provide humanitarian aid to those in need and the less fortunate whether at home or abroad and to participate in the various activities provided by Light Path administration. Every attempt will be made to reduce risks as much as possible and to provide a safe environment with every mission trip. Nonetheless, there are integral risks involved with mission trips in third world countries which could result in bodily injury or even death. I hereby agree to release Light Path For Haiti/Chemen limye Pou Ayiti of any and all liability which may arise in connection to this event.

I fully understand the risk involved and that though Light Path, INC. will do its best to provide the basic accommodations, the campsite for the mission trips are not guaranteed to have electricity, water or sewer hook-ups.

I therefore agree to assume and take upon myself all of the risks and responsibilities, whether known or unknown, in any way associated with volunteering with Light Path for Haiti.

IN CONSIDERATION OF AND IN RETURN FACILITIES AND OTHER ASSISTANCE PROVIDED TO THE PARTICIPANT BY LIGHT PATH 4 HAITI AND OTHER ASSISTANCE PROVIDED TO THE VOLUNTEER BY LIGHT PATH 4 HAITI, ITS AGENTS, DIRECTORS, OFFICERS, STAFF AND EMPLOYEES, I HEREBY EXPRESSLY WAIVE, RELEASE, DISCHARGE, HOLD HARMLESS, AND PROMISE NOT TO SUE OR SEEK INDEMNITY FROM LIGHT PATH 4 HAITI, ITS AGENTS, DIRECTORS, OFFICERS, STAFF AND EMPLOYEES FOR ANY AND ALL LIABILITY AND CLAIMS RESULTING FROM LOSS OR DAMAGE ON ACCOUNT OF DEATH, INJURY, ILLNESS OR HARM TO THE PARTICIPANT, IN CONNECTION WITH ANY ACTIVITY AND ALL RELATED RISKS, WHETHER THEY ARE KNOWN OR UNKOWN, AND WHETHER CAUSED BY THE NEGLIGENCE OF LIGHT PATH 4 HAITI OR OTHERWISE. I UNDERSTAND THAT THIS RELEASE COVERS LIABILITY, CLAIMS AND ACTIONS CAUSE ENTIRELY OR IN PART BY ANY ACTS OR FAILURES TO ACT BY LIGHT PATH 4 HAITI, ITS AGENTS, DIRECTORS, OFFICERS STAFF AND EMPLOYEES, EXCLUDING THE CONDUCT PROVIDED FOR IN SECTION 268-A OF

THE MASSACHUSSETS CIVIL CODE, SUCH AS WILLFUL, FRAUDULENT OR OTHERWISE ILLEGAL CONDUCT.

I recognize that this Release means that I am giving up, among other things, rights to sue Light Path 4 Haiti, its agents, directors, officers, staff and employees for injuries, damages or losses the participant may incur while participating in any activity with Light Path 4 Haiti.

Signing your signature below means you have read this entire Release, and I fully understand it. I consent to the Release and agree that its terms shall likewise bind me, my child, my heirs, legal representatives and assignees.

Consent/ Statement of compliance

To the best of my knowledge all statements set forth in this application are true. I am aware that I may be subject to a background check and/or additional screening procedures. I understand that any misrepresentation will call for immediate dismissal. I acknowledge that the above information is voluntarily supplied and may be used and disclosed for Light Path purposes only and that as a Light Path volunteer I will not be paid for my services.

Light path prohibit the use of any materials obtained on mission trips such as photos, videos, all forms and documents to be used for **any programs, fund raising, or any purpose** without proper authorization from Light Path. Light Path may use photos, videos and other documents obtained from any of its events for its purposes.

My signature on this document tells that I have read and understood these policies and regulations and that I will comply with them as outlined in this application. I agree to abide by the policies and procedures of Light Path.

(Please print clearly the first and the last name on the line below)

First Name _____ Last
Name _____

Signature _____ Date _____

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MEDICAL HISTORY FORM

Name _____ **Birthdate** _____
Date _____

Do you: **Smoke?** _____ **Packs per day** _____ **# Years smoked** _____

Drink Alcohol? _____ **Drinks per day** _____

Drink cola/coffee? _____ **How much per day?**

List the medications you are now taking:

List any allergies you have to drugs, food or other items:

Are you currently under medical care for any reasons? If yes, please explain:

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Primary Care Physician: Name:

Address and City:

Phone: _____

Past Psychiatric/Mental Health Care:

Therapist's Name: _____ **For How Long and When:**

List All Operations:

1	Operation Performed	Year	Hospital	Doctor
_____	_____	_____	_____	
_____	_____			
_____	_____	_____	_____	
_____	_____			

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List all times you have been admitted to a hospital overnight (except for childbirth)

Reason Hospitalized	Year	Hospital	Doctor
_____	_____	_____	

_____	_____	_____	

Please check if any relative (parents, siblings, grandparents, children) have had any of the conditions listed below:

High blood pressure: _____	Kidney Disease: _____	Asthma: _____
Stroke: _____	Bleeding Tendencies: _____	Tuberculosis: _____
Cancer: _____	Seizures: _____	Colitis: _____
Emphysema: _____	Heart Disease: _____	Anemia: _____
Ulcers: _____	Sugar Diabetes: _____	Gout: _____
Mental Illness: _____	Other Serious Illness: _____	

Have you had any of the following illnesses: (Please Circle?)

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Measles	Diabetes	Typhoid
Rubella (German measles)	Goiter, Thyroid Disease	Malaria
Chickenpox	Hives	Other Tropical Diseases
Mumps	Allergies	Hepatitis
Whooping Cough	Eczema	Venereal Disease
Scarlet Fever	Mono	Seizures
Tonsillitis	Rheumatic Fever	Meningitis
Diphtheria	Poliomyelitis	Ear Infections
Asthma	Pleurisy	Heart Murmur
Glaucoma	Bronchitis	High Blood Pressure
Cancer	Influenza	Low Blood Pressure
Angina Pectoris	Tuberculosis	Heart Attack
Ulcer	Phlebitis	Kidney Stones

Bladder or Kidney Infection

Other serious illnesses: (Please explain):

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Please list the date and results (if known) of your last:

X-ray:

EKG:

Blood Count:

Date of last examination by a doctor:

Signature

Date
