

**Haitian Ministries for the Diocese of Norwich, Inc.**  
**Application for Haiti Experience**  
(Please Type or Print)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Do you have a U.S. Passport? No \_\_\_ Yes \_\_\_  
Passport #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Trip Information**

I would like to participate in the Haitian Immersion Trip scheduled for \_\_\_\_\_  
With the following Group \_\_\_\_\_

1. Have you ever been on immersion trip through Haitian Ministries? No \_\_\_ Yes \_\_\_

If so, with who and when? \_\_\_\_\_

2. Have you spoken to anyone who has previously made a immersion trip to Haiti? No \_\_\_ Yes \_\_\_

If yes, with whom did you speak? \_\_\_\_\_

3. Have you ever visited a Third World country? No \_\_\_ Yes \_\_\_

If yes, please describe your experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Briefly describe your reason for wanting to participate in this trip: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. How do your family and friends feel about your traveling to Haiti? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medical & Dietary Information**

Do you have any Dietary limitations or Special Requirements? No \_\_\_ Yes \_\_\_

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

Have you ever visited an International Travel Doctor or Clinic? No \_\_\_ Yes \_\_\_

Do you have any medical condition that Haitian Ministries should be aware of? No \_\_\_ Yes \_\_\_

If yes, please describe your medical condition: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Prescription/Non-Prescription drugs presently being taken? Please list: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Certain shots and immunizations are recommended for travel to Haiti; please list the date of your last shot or immunization of each of the following:

Hepatitis A \_\_\_\_\_

Hepatitis B \_\_\_\_\_

Polio \_\_\_\_\_

Tetanus \_\_\_\_\_

Typhoid \_\_\_\_\_

**Person to notify in case of Emergency:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip : \_\_\_\_\_

Telephone #: \_\_\_\_\_

Relationship: \_\_\_\_\_

**I agree to participate in a pre-trip orientation and to indemnify and hold harmless the Diocese of Norwich and the Haitian Ministries from any and all expenses and claims arising out of, or in connection with, my trip to Haiti.**

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

I give permission for my son/daughter to take part in the Norwich Diocesan Retreat in Haiti on \_\_\_\_\_ . I understand that every effort will be made to provide proper care and guidance for my child, but neither the Diocese of Norwich nor the individuals involved in this program can be held legally responsible for any accidents which may occur. I further authorize emergency care as noted below:

TO: Any Physician, Hospital or authorized Health Care Delivery Agent

FROM: The Parent(s) and/or guardian of \_\_\_\_\_

RE: Emergency Health Services

This is to confirm that Matthew Marek, or Rev. Gerald Kirby is/are authorized to order emergency medical care for our/my child named above, and also authorized to execute any permission or authorizations required in connection with such care. I/we agree with the limits on responsibility noted above.

Parent(s) and or guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Essential Information: Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Prescription / Non Prescription Drugs Presently being taken: \_\_\_\_\_

Date of Last Tetanus Booster Shot: \_\_\_\_\_

Mantoux Test Date and Result: \_\_\_\_\_

Any medical condition of which we should be aware: \_\_\_\_\_

Emergency Phone Number(s): \_\_\_\_\_