

**Central Pennsylvania Alliance of Churches
Haiti Response Application**

Dates of Trip for which you are applying _____

Personal information

Name as it appears on Passport _____

Passport number _____ Expiration date _____ DOB ____ / ____ / ____

Permanent home address _____

City _____ State _____ Zip _____

E-mail address _____ Phone (h) _____ (cell) _____

Church information

Congregation _____ Pastor _____

Church address _____

City _____ State _____ Zip _____

Church telephone number _____

Emergency Information

Emergency contacts

1) Name _____ Relationship _____

Telephone: Cell _____ Work/Home _____

2) Name _____ Relationship _____

Telephone: Cell _____ Work/Home _____

Medical information - All information will be kept confidential and only dispersed to a medical professional in case of emergency while on the trip. Papers will be shredded upon return to the US.

List medications you will be taking while on the trip. _____

List any current or potentially serious medical condition(s) _____

Do you have any allergies? If so, explain. _____

Are you addicted to any drugs or alcohol? Yes No

I acknowledge that all of the above is true to the best of my knowledge. I agree to allow the trip leader to order medical treatment if I am unable to do so on my behalf at the time of injury or illness.

Signature _____ Date _____

**Return checks and application to:
Presbytery of Carlisle, 3040 Market St., Ste. 1, Camp Hill, PA 17011**

Basic Requirements to Participate in a Response Team to Haiti

1. Participants must be of sound mind and body. The work will be difficult and the environment uncomfortable, because the heat can be oppressive at times.
2. Participants agree to attend all pre-trip orientations sessions
3. Participants agree to submit full payment for the trip and a completed application. Checks can be made payable to The Presbytery of Carlisle. Annotate in the lower left space "Haiti Response Trip" and the date of the trip for which you are applying.
4. Participants 18 or older, must provide a Pa. State Police criminal Background check. Go to: <http://epatch.state.pa.us/home.jsp>
5. Also, participants 18 or older, must provide a PA State Child Abuse Clearance form. Go to <http://www.dpw.state.pa.us/PartnersProviders/childwelfare/003671038.htm>
6. Participants must be able to abstain from tobacco and alcohol for the entire trip.
7. ***Team members must Possess the Ability to be Flexible.***
8. ***Team members must Be Humble, as servants of god, and "do it the host's way".***
9. ***Team members must Be Respectful of the Culture and Traditions of our Hosts.***

***Return applications and checks to:
The Presbytery of Carlisle
3040 Market St. Suite 1
Camp Hill, PA 17011***

Presbytery Office Telephone: 717-737-6821

Release and Waiver of Liability Ecumenical Response Effort

In consideration of the opportunity to participate in the ECUMENICAL RESPONSE EFFORT, I, my heirs, and successors hereby do release, and hold harmless the licensed transportation companies, the Presbyteries, Synods, Conferences, Denominations, congregations, their employees, officers, agents or representatives, members or program leaders, individually or collectively, from any and all claims of any nature, while traveling to, participating in or returning from participation in any, and all activities associated with the ECUMENICAL RESPONSE EFFORT programs, training events, planning events, or discussions.

I fully understand the following and assume the risks:

- ◆ I am not to accept any form of reimbursement for my labors
- ◆ Smoking is not permitted on board buses, planes or leased vehicles
- ◆ I shall travel to and live in a disaster area or an area considered 'undeveloped'
- ◆ I know that traveling is dangerous. I may be involved in a transportation incident or other accident
- ◆ I know that disaster areas are dangerous places in which to live and work, even after the disaster has passed
- ◆ I may have to work in hot, humid weather, which will drain me of physical strength
- ◆ I may be subject to monsoon rains, hurricanes or other difficult weather
- ◆ I know that every effort has been made to ensure my safety, provide potable drinking water and safe food to eat.
- ◆ Structures may fall on me or collapse beneath me.
- ◆ I may have to work with dangerous tools or in dangerous places
- ◆ My personal property may be damaged or stolen
- ◆ I shall not sue the above listed entities should anything happen
- ◆ I intend this to be a legally binding agreement.

If I must cancel the trip, \$300.00 of my deposit is non-refundable. Should the program leaders of the Ecumenical Response Effort program cancel the trip, all deposits will be returned to me.

Signature of Mission Team Participant

Date