

Good Samaritan Project Volunteer Information

Name		
First:	Middle:	Last:
Date of Birth:	Citizenship:	
Street Address:		
City:	State:	Zip:
Business Phone:	Home Phone:	Mobile:
Fax:	e-mail:	
Languages you speak:		
Which Parish/Group are you affiliated with?		
Spouse/Partner Name:	Phone:	e-mail:
Emergency Contact Name:	Phone:	e-mail:

I am interested in: (Please place an "x" in all applicable blocks)

<input type="checkbox"/>	Providing Medical Care	<input type="checkbox"/>	Construction	<input type="checkbox"/>	Carpentry
<input type="checkbox"/>	Donating Supplies	<input type="checkbox"/>	Donating frequent flier miles	<input type="checkbox"/>	Donation \$ _____
<input type="checkbox"/>	General (clean/cook/work/help)	<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:

My profession is: (Please place an "x" in all applicable blocks)

<input type="checkbox"/>	Doctor	<input type="checkbox"/>	Nurse	<input type="checkbox"/>	Medical Related
<input type="checkbox"/>	EMT	<input type="checkbox"/>	Priest	<input type="checkbox"/>	Teacher
<input type="checkbox"/>	Construction/Builder	<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:

Specific experience that you feel is important for us to know. **If possible, attach a resume to help us understand the level of your experience. This is especially important for medical personnel.**

Travel Information:

Are you interested in providing help on-site in Haiti?
Enter desired traveling dates or range of dates:
How long can you stay in Haiti (i.e. 14 days, 30 days, etc.)? We are currently looking for at least 2 week rotations.
Do you have the required immunizations for Haiti?
Do you have any medical concerns or allergies?
Other concerns or questions: