



Living Hope Ministries in Haiti, Inc.
PO Box 3578 Dublin, Ohio 43016-0290
614-792-6184

Application for Missionary Service

Please return to the address above with funds
at least 4-6 weeks prior to your arrival.
PLEASE PRINT OR TYPE ALL INFORMATION

Haiti Arrival Information: Date _____ Time _____ Airline _____ Flight # _____

Haiti Departure Information: Date _____ Time _____ Airline _____ Flight # _____

Personal Information

Full Name _____ Sex M F Birth date (MM/DD/YY) _____

Address _____ Phone _____

Passport # _____ Date of Expiration _____ Drivers License # _____ State _____

Marital Status: Single Engaged Married Separated Divorced Widowed

Who should we contact in case of an emergency? Name _____ Relationship _____

Address _____ Phone _____

Present Employment _____

Address _____

Education Completed _____ Where _____

Have you ever visited Haiti before? Yes No If yes, where, when, how long, etc. _____

Health Information

Height _____ Weight _____

Allergies _____

Diet Restrictions _____ Date of last Tetanus Shot _____

List all medical conditions _____

List all medications you are currently taking _____

Have you ever been treated for a mental or emotional illness? Yes No. If yes, please explain _____

Do you have any physical conditions that would be affected by your trip to Haiti? Yes No. If yes, please explain _____

Please give a statement regarding your general health _____

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in Haiti, Inc.**

PLEASE PRINT OR TYPE
ALL INFORMATION

Please place photo of
applicant in this space

Church Information

Home Church _____ Pastor's Name _____

Church Address _____

Church Phone _____ Member: Yes No. If yes, how many years? _____

Date of Salvation _____ List all activities you are involved in and responsibilities you have
within the church _____

The cost of the mission lodging (room and board) is \$300 (US funds) per person per week or \$600 per person per month. These funds should be paid one (1) month in advance of your arrival date in Haiti.

I understand that Living Hope Ministries in Haiti, Inc. is not responsible for any expenses incurred by me as a result of illness or accident while, or subsequent to my stay, in Haiti. I agree to provide for my own personal accident/health insurance. I further understand that the political and social situation in Haiti may be volatile and that traveling to, within, and from Haiti including travel to and from LHM in Haiti may not be safe and may involve RISKS AND DANGERS. I understand that in the event of kidnapping, LHM will not negotiate with the kidnappers and will not pay any ransom for my or anyone's release.

Signature of applicant

Date

Parental signature if applicant is under the age of 18 years Date

Please complete the following questions:

My personal relationship with the Lord Jesus Christ is _____

My experiences in Christian service are _____

I have a special talent, skill or ability to do _____

While in Haiti, I want to _____

How did you hear about us and who referred you to this ministry _____

While in Haiti, I expect to _____

Important: If you are a trained licensed person in a special field such as a nurse, doctor, or engineer, please include a copy of your current license with this application.