



We require you to travel with us to fully understand the work we are doing Via Neriah Community Health Foundation in Haiti. Together, we will work to make a difference in each field that we will embrace within this organization. Please review our calendar to check availability. Thank you for your collaboration.

## Information (please print or type)

First Name:	Middle	:	Last Name:		
Date of Birth :		Age :		Sex :	
Permanent Address:					
Stree	t City		State	Zip	
Home Phone:		Mobile or Ce	ell Phone:		
E mail:			Fax:		
US Citizen: Yes_ No_ if "No" State your Nationality:					
Marital Status:	Passport number:		Expiratio	n Date:	
Emergency contact in the U.S.					
Name:		Name:			
Phone Number:		Phone Number:			
Do you have any Health (Ph If yes, please provide additi	-	) issues?	Yes	No	
Do you have any Allergies with medications or food? Yes No If yes, please provide details:					

Do you have health insurance? YesNo	Family physician Name	Telenhone			
If yes, please provide details: Insurance company ID# Insurance phone # Please note that you must have health insurance to travel with us. There are affordable International Medical Insurance options available if your medical insurance company does not cover you outside the US. I' m interested in the following services: Construction Medical Children's Ministry Agricultural & Veterinary Technology Other	Family physician Name:	Telephone:			
Insurance company ID# Insurance phone # Please note that you must have health insurance to travel with us. There are affordable International Medical Insurance options available if your medical insurance company does not cover you outside the US. I'm interested in the following services: ConstructionMedicalChildren's Ministry Agricultural & Veterinary Technology Other The name of your group Religious belief Are you willing to hereby by our behavior requirements (smoking, drugs, drinking alcohol, cursing. etc)? Yes No Your skills and abilities Additional Information or Comments: Signature: Date: Neriah Community Health Foundation Email: neriabchf@yahoo.com P.O. Box 996					
Insurance phone #		10.4			
Please note that you must have health insurance to travel with us. There are affordable         International Medical Insurance options available if your medical insurance company does not         cover you outside the US;         I' m interested in the following services:        ConstructionMedicalChildren's MinistryAgricultural & VeterinaryTechnology         Other					
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ConstructionMedicalChildren's MinistryAgricultural & VeterinaryTechnology Other					
Other   The name of your group   Religious belief   Are you willing to hereby by our behavior requirements (smoking, drugs, drinking alcohol, cursing. etc)?   Yes   Your skills and abilities   Additional Information or Comments:   Signature:Date:	I' m interested in the following services:				
The name of your group	Construction Medical Children's Ministry Agricultural & V	/eterinary Technology			
Religious belief	Other				
Are you willing to hereby by our behavior requirements (smoking, drugs, drinking alcohol, cursing. etc)?         Yes No         Your skills and abilities	The name of your group				
YesNo       No         Your skills and abilities	Religious belief				
Additional Information or Comments:  Signature: Date: Neriah Community Health Foundation Email: neriahchf@yahoo.com P.O. Box 996	Are you willing to hereby by our behavior requirements (smoking Yes No	g, drugs, drinking alcohol, cursing. etc)?			
Signature: Date: Neriah Community Health Foundation Email: neriahchf@yahoo.com P.O. Box 996	Your skills and abilities				
Neriah Community Health Foundation Email: neriahchf@yahoo.com P.O. Box 996	Additional Information or Comments:				
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