



Plan a trip

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:				
Street		City	State	Zip
Home Phone:		Mobile or Cell Phone:		
E mail:			Fax:	
US Citizen: Yes_ No_ if "No" State your Nationality:				
Marital Status:	Passport number:		Expiration Date:	
Emergency contact in the U.S.				
Name:		Name:		
Phone Number:		Phone Number:		

Do you have any Health (Physical or emotional) issues? Yes ___ No ___

If yes, please provide additional information:

Do you have any Allergies with medications or food? Yes ___ No ___

If yes, please provide details:

Family physician Name:

Telephone:

Do you have health insurance? Yes__ No__

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_____

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: neriahchf@yahoo.com
P.O. Box 996
Medford, MA 02155