

COLLINE FOUNDATION

Haiti Volunteer Program Application

Compulsory fields are marked with an asterisk (*).

Your General Details

	First Name	Last Name
Your Name *	_____	_____
Date of Birth *	___ / ___ / ____ mm / dd / yyyy	
Gender *	__ Male __ Female	
Ethnicity *	_____	

Your Address and Contact Details:

Street Address *	_____	Phone Number *	_____
Street Address 2	_____	Alternative Phone Number	_____
City *	_____	Mobile Number	_____
State *	_____	Fax	_____
Post/Zip Code *	_____	Email Address *	_____
Country *	_____	Alternative Email	_____

Your Skills and Qualifications

Highest Qualification * High School Some College College Graduate Post Grad

Area of Study _____

Other Relevant
Qualifications and Skills

Work experience (please be
specific)

Travel experience (please be
specific)

Do you speak any other
languages?

Volunteering in Haiti

How long would you like to volunteer for? * 1 week 2 weeks 3 weeks 4 weeks

Dec. 13-18

Dec. 23-27*

When would you like to go to Haiti? *

Jan 3-8

Jan 10-14*

*Due to their unique nature to these weeks have a program fee of \$675

Write a paragraph describing how and why you became interested in Haiti.

<p>Emergency Contact in the States and/or Haiti:</p>	<p>Name _____ Phone _____ Relation _____</p> <p>Name _____ Phone _____ Relation _____</p> <p>Name _____ Phone _____ Relation _____</p>
<p>Particular food allergies/preferences:</p>	
<p>Do you have any medical conditions that need to be accommodated?</p>	

Terms of Use

Please read this legal information carefully before signing.

By using this site, you signify you have read and accepted these terms of use. If you do not agree to these terms of use, do not use the site.

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COLLINE FOUNDATION does not warrant or make any representations regarding the correctness, accuracy, reliability, or otherwise of the materials in this site or the results of their use.

International travel is inherently risky. By becoming a volunteer, you acknowledge and accept these risks and those associated with living and working in developing countries. As a volunteer you must appreciate and understand that some of these activities may be outside of your personal insurance cover. **COLLINE FOUNDATION** is not liable (to the maximum extent of the law) for any loss or harm you may suffer, including but not limited to loss caused by:

- delay;
- bodily injury or death;
- emotional upset;
- damage to or loss of property;
- war or terrorism;
- natural disasters.

COLLINE FOUNDATION reserves the right to use feedback from volunteers for website material.

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Refund Policy

The US\$600 Program fee, with a special program fee of \$675 for unique programs, which secures your placement, is fully transferable. This allows the volunteer the flexibility to switch, transfer, or postpone your placement within a four week period from date of payment. The Program fee is non-refundable.

COLLINE FOUNDATION reserves the right to revise the Program fee. All Program fee revisions will be announced at least seven days in advance via the website. Please note that the Program fee may not be the same as when you applied.

Travel Waiver and Indemnity Agreement

Read each section carefully

I, _____, hereby affirm that I have voluntarily enrolled in the: **COLLINE FOUNDATION** Haiti Volunteer Program, Sponsored by the **COLLINE FOUNDATION** from

___ Dec. 13-18

___ Dec. 23-27

___ Jan 3-8

___ Jan 10-14

I certify that I am aware of the risk associated with participating in this program/contract including accidents, illness, civil strife, terrorism, and any other harm, injury, illness or damage which may befall me. I understand that neither **COLLINE FOUNDATION**, its instructors nor any of its agents serve as guardians or insurers of my safety. I understand that the **COLLINE FOUNDATION** does not provide any insurance for my protection and acknowledge responsibility for providing my own insurance against these risks.

I understand that it is my responsibility to have a medical examination to assure myself that I am physically fit and capable of participating in this program/contract, and I assume all risks for failing to do so. I verify that I have received all the recommended vaccinations appropriate to my travel destination.

In consideration of being allowed to participate in this program/contract, I hereby personally assume all risks in connection with said program/contract, and I further release and hold harmless the **COLLINE FOUNDATION** and its agents for any harm, injury or damage which may befall me, including all risks connected therewith, whether foreseeable or not. Further, I understand and agree that neither the, instructors, nor agents thereof, may be held liable by me or my family, estate, heirs, or assigns, in any way for

any negligence in connection with the program/contract which may result in my injury, death, or other damages.

I further state that I am eighteen years of age or older and legally competent to sign this affirmation and release; that I understand the terms herein are contractual and not a mere recital; and that I have signed this document and knowingly assume the risks inherent in this program/contract. The terms of this document shall serve as a release and assumption of risk for myself, my heirs, executor and administrators and for all members of my family.

I have fully informed myself of the contents of this affirmation and release by reading it before I signed it. I acknowledge that this release must be completed, signed and submitted before departure. I have read and completed the study abroad pre-departure check list.

I have read the above and agree to adhere to the agreement as outlined above.

Yes No

I have attached a copy of the:

A. State Department Travel Warning List

http://www.travel.state.gov/travel/cis_pa_tw/tw/tw_1764.html

B. State Department Consular Information Sheet

http://www.travel.state.gov/travel/cis_pa_tw/cis/cis_1765.html for the countries I will be visiting, and I understand their contents. Yes No

Signatures

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF NEW YORK THAT THE FOREGOING IS TRUE AND CORRECT.

mm/dd/yyyy

Volunteer Signature

Date