



OUTREACH  
TO HAITI

## Diocese of Norwich Outreach to Haiti, Inc. Traveler's Application for Haiti Trip

**(Please Type or Print)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Do you have a U.S. Passport? No \_\_\_ Yes \_\_\_

Passport #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### ***Trip Information***

I would like to participate in the Immersion Trip scheduled for: \_\_\_\_\_

with the following group: \_\_\_\_\_

1. Have you ever been on immersion trip to Haiti ? No \_\_\_ Yes \_\_\_

If so, with who and when? \_\_\_\_\_

2. Have you spoken to anyone who has been on an immersion trip to Haiti? No \_\_\_ Yes \_\_\_

If yes, with whom? \_\_\_\_\_

3. Have you ever visited a Third World country? No \_\_\_ Yes \_\_\_

If yes, please describe your experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Briefly describe your reason for wanting to participate in this trip:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I agree to participate in a pre-trip orientation and to indemnify and hold harmless the Diocese of Norwich and Diocese of Norwich Outreach to Haiti from any and all expenses and claims arising out of, or in connection with, my trip to Haiti.**

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

I give permission for my son/daughter to take part in the Norwich Diocesan trip to Haiti on \_\_\_\_\_. I understand that every effort will be made to provide proper care and guidance for my child, but neither the Diocese of Norwich nor the individuals involved in this program can be held legally responsible for any accidents that might occur. I further authorize emergency care as noted below:

TO: Any Physician, Hospital or authorized Health Care Delivery Agent  
FROM: The parent(s) and/or guardian of \_\_\_\_\_  
RE: Emergency Health Services  
This is to confirm that *Joel Jean-Louis* (Operations Manager) and/or *Fr. Frank Rouleau* (Twining Director) and/or *Sr. Yannick Saieh* (Bishop's Representative to Haiti) are authorized to order emergency medical care for our/my child named above, and also authorized to execute any permission or authorizations required in connection with such care. I/we agree with the limits on responsibility noted above.

Parent(s) and or guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Essential Information: Insurance Carrier: \_\_\_\_\_

Policy number: \_\_\_\_\_

Group number: \_\_\_\_\_

Known allergies: \_\_\_\_\_

Prescription /non-prescription drugs presently being taken: \_\_\_\_\_

Date of last Tetanus booster : \_\_\_\_\_

Mantoux test date and result: \_\_\_\_\_

Any medical condition of which we should be aware: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Emergency contact information (telephone & e-mail): \_\_\_\_\_

\_\_\_\_\_