

No Time For Poverty

Volunteer Relief Medical Team Info Sheet

I am interested in being contacted should space be available on upcoming medical relief trips to Haiti. I realize that this trip is volunteer based. I will be responsible for all travel related costs incurred. These costs include all airfare, hotel, and travel change fees (approximately \$1,200 - \$1,500.00).

TO BE CONSIDERED - APPLICATION MUST BE COMPLETED IN FULL.

PERSONAL INFORMATION

Name _____ Cell Phone _____
Address _____ Work Phone _____
City _____ Home Phone _____
State _____ ZIP _____ E-Mail _____

PROFESSION

Doctor Surgeon Nurse EMT

Other Explain: _____

Specialty: _____

Name of Hospital or Clinic where you work: _____

EXPERIENCE

Military Medical Disaster Relief Work in Developing Countries

Other Explain _____

FOREIGN LANGUAGE

Creole Degree of Fluency: ___ Some ___ Moderate ___ Fluent

French Degree of Fluency: ___ Some ___ Moderate ___ Fluent

REQUIRED TRAVEL INFORMATION

Number of times been to Haiti _____ Your Body Weight (#) _____

Passport #: _____ Issue Date: _____ Exp. Date: _____ Nationality: _____

Date of Birth: _____ Place of Birth: _____ Issuing Authority: _____

Are you willing to share a hotel room if needed in transit to Haiti? ___ Yes ___ No

EMERGENCY CONTACT

Name: _____ Email: _____ Phone: _____

Name: _____ Email: _____ Phone: _____

PERMISSIONS

If you are selected, do you give permission to release your name, photo, profession, and work affiliation to other members assigned to your team? ___ Yes ___ No to the media? ___Yes ___No

Are you willing to allow us to use any photos that you take on the medical trip if we choose to use them in promotional materials? ___ Yes ___ No

Also, do we have permission to use photos in which you appear? ___ Yes ___ No

SAMPLE PACKING LIST

Should you join a relief team, we will fill you in on the countless details you need to know. But if you are curious now about what you would need to bring – here is a suggested list:

1. Sleeping bag and/or sheet
2. Lightweight clothes (Scrubs are fine)
3. Stethoscope
4. Oto/opto scope
- 5 Sunblock/lip balm (size restriction to 3oz)
6. Wear glasses if possible (vs. contacts)
7. Hiking boots or hard soled shoes
8. Toothbrush/paste
9. Personal medications (i.e. malaria pills, cipro, etc)
10. Toilet Paper/Kleenex
11. Bug Spray (size restriction to 3 oz)
12. Soap and Hand Sanitizer (size restriction to 3 oz)
13. Lightweight sweater or jacket for evening
14. Extra batteries
15. Towel
16. Small Flashlight or headlamp
17. Sunglasses
18. Wet wipes
- 19 Electrolyte tablets or packets (ex. Crystal lite)
20. Reusable water bottle
21. Mosquito Netting

While a light breakfast and dinner is generally available, you will need to bring food for lunch/snacks that can be eaten in the field. Consider nutrition bars, cheese and peanut butter crackers, tuna (prepackaged in foil not cans), summer sausage, nuts, MRE's, etc.

If you have difficulty submitting this form electronically, please fax to:

NO TIME FOR POVERTY AT 651-738-1737, Attn: Carmi

Or, print form and mail a hard copy to:

Carmi Bleifuss

NTFP

1865 Old Hudson Road

St. Paul MN 55119