



## ***NOAH-NY Haiti Volunteer Form***

If you are interested in volunteering with NOAH and participating in our upcoming medical missions then please fill in the form below so that we are able to send you full information:

First Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

In what capacity can you serve on the mission?

- |   |   |
|---|---|
| <input type="checkbox"/> Medical Doctor   | <input type="checkbox"/> Dietician          |
| <input type="checkbox"/> Dentist          | <input type="checkbox"/> Pharmacist         |
| <input type="checkbox"/> Translator       | <input type="checkbox"/> Physical Therapist |
| <input type="checkbox"/> Registered Nurse | <input type="checkbox"/> Other _____        |

### **FINANCES:**

The cost of the mission will include international airfare, local transportation, meals and accommodation. Please see the website for approximate current fees.

**Note:** All applications for a mission must be submitted with a registration fee of \$150.00, which is non-refundable. However, if you are simply requesting information then please check the relevant box below. Make your check payable to NOAH NY Medical Mission and send it to PO Box 24702 Brooklyn, NY 11202

- Yes, I intend to be a volunteer on the mission to Haiti
- I intend to be a volunteer on the mission to Haiti my deposit check is attached
- I want to donate and my contribution check for \$ \_\_\_\_\_ is attached
- I want to volunteer for a future mission and would like further information to be sent to me

**Important Note!** You must have a valid passport to travel with NOAH NY & HAA. The expiration date cannot be less than 6 months out from trip return to your country.

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**P.O. Box 24702, Brooklyn, NY 11202**