



**HAITI
ORPHANAGE
PROJECT
ESPWA**

VOLUNTEER APPLICATION FORM

PERSONAL DETAILS

Full Name (as on passport):

Also known as (e.g. Richard known as Dick): Male: Female:

Full Address:

Phone number: Mobile:

Email: DOB:

Occupation:

Do you hold a current drivers licence? Yes: No: Car: Machinery:

Do you have a valid Safe Pass Card? Yes: No:

Do you hold any other qualifications (e.g. Fas Qualification or similar):

Do you have any previous volunteering experience?

PASSPORT DETAILS

Passport Number: Nationality:

Country of Issue: Date of Issue:

Expiry Date:

Continued overleaf...

MEDICAL DETAILS

Please note that Haiti is a Malarial area, and it would be necessary to take preventative medication. There are limited medical facilities available in the area. *If you are aged 55 or over, you need to provide us with a medical certificate from your doctor confirming you are fit to travel and work in a tropical climate.

See medical questionnaire for completion and return separately.

Are you a smoker: Yes: No:

Do you have any special dietary requirements? Yes: No:

If yes, please give details:

NEXT OF KIN

Name 01: Name 02:

Phone Number: Phone Number:

Relationship to Volunteer: Relationship to Volunteer:

ADDITIONAL DETAILS

T-shirt Size (tick box) S: M: L: XL: XXL:

DECLARATION:

I agree to raise €1,000 minimum in sponsorship and agree to lodge this with the Charity prior to departure. I confirm that I have read the Terms and Conditions and understand them completely. I have filled in the application form accurately and to the best of my knowledge.

I have enclosed: Deposit €100: Passport Copy: Safe Pass Copy:

Signed: Date:

Completed forms must be returned to:

Application Form to:
Nuala Falvey
63 Fernwalk
Greenfields
Ballincollig
Co. Cork

Medical Questionnaire to:
Dr Helen Connolly
Carrigeen
Via Waterford
Co Kilkenny