

CHRISTIAN MISSION OF PIGNON,

C/O Charmant Theodore

4301 Ashby Lane

Tampa, FL 33624

813-960-7523 / 813-843-3878

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APPLICATION FOR VOLUNTEER SERVICE

FIRST NAME: _____ LAST NAME: _____ Date of Birth: _____

ADDRESS: _____ PASSPORT #: _____

EMAIL: _____

PHONE: (Home) _____ (Cell) _____ (Bus) _____

TRAVEL DATES FROM _____ TO: _____ TEAM: _____

WEIGHT: _____ SPECIAL HEALTH NEEDS: _____

SKILLS/TALENT/PROFESSION _____

EMERGENCY CONTACT

NAME: _____

ADDRESS: _____

PHONE NUMBER(s): _____

MY COMMITMENT:

I confirm that my service to the Christian Mission of Pignon, Inc, (CMP) and to the Comité Bienfaisance de Pignon (CBP) is provided totally as a volunteer. I will assume all risks to my property and to myself and hereby release CMP and CBP for any and all responsibility for claims or demands by me, my heirs, executors, administrators or assignees forever. I understand that my volunteer status does not make me an agent or employee of CMP or CBP and I shall not represent myself as such.

I agree to abide by the established rules and regulations of CHRISTIAN MISSION of PIGNON, Inc. and COMITE de BIENFAISANCE while voluntarily serving in Pignon, Haiti. I understand that the CMP and CBP boards have the final decision-making authority and that their policies and procedures are to be executed by all volunteers in the program. I shall present myself as a person of high morals, of Godly faith, and a model ambassador for my country at all times.

Signature _____ Date: ____/____/____

Please Include a Copy of your Passport Photo Page with this Application

Medical Personnel: Please include 5 copies of license and picture ID