​ ​**Will2Way Foundation Inc (Hope4Haiti) Outreach Ministry**

​ **GLOBAL**​ **SERVICE**​ ​ **APPLICATION**​

# Will2Way Foundation Inc “Pamela Whitfield”

224 Celebration Lane

Acworth GA 30102

Will2wayfoundation@gmail.com

**INSTRUCTIONS:**

**1)**​ Please​ ​fill​ ​out​ ​this​ ​"Application"​ ​completely, ​ ​including​ ​signatures.

 ​ **Note:** ​ **For​** ​all​ ​dates, ​ ​please​ ​write​ ​them​ ​in​ ​the​ ​format​ ​of​ ​month-day-year.

2)​ ​Delta airlines currently has flights for next year at $563

 **3)**​ ​Total​ ​Trip​ ​Cost: ​ $850.​ ​Flight​ ​not​ ​included.

​ ​Includes:

3​ ​Meals​ ​A​ ​Day

4​ ​Nights​ ​Oceanview​ ​Private​ ​Resort​ ​Stay

Roundtrip​ ​Transportation​ ​+​ ​Security​ ​From​ ​Port​ ​-​ ​Au-​ ​Prince​ ​Airport

Team​ ​Outing/Excursion​ on Sunday March 10th.

The $850 includes lodging, three meals per day, a backpack filled with snacks, water bottle, journal, pens, wipes, hand sanitizer, and a Hope4Haiti t-shirt.

Trip​ ​Creole​ ​To​ ​English​ ​Translator

Trip​ ​Coordinator​ ​+​ ​Point​ ​of​ ​Contact

**2)**​ Payment​ ​Schedule​ ​via​ ​Automatic​ ​Payments:

**Deposit: Due July 1st of $150.00**

Payment​ ​#1​ ​$140 ​–​ ​August 1st

Payment​ ​#2​ ​$140 ​–​ September 1st

Payment​ ​#3​ ​$140​ ​–​ ​October 1st

Payment #4 $140- November 1st

Payment #5 $140- December 1st

**3)**​ ​Scan​ ​and​ ​email​ ​your​ ​application​ ​AND​ ​a​ ​copy​ ​of​ ​your​ ​passport​ ​–​ ​will2wayfoundation@gmail.com (Hope4Haiti) in subject.

**ATTN:**​ **Pamela Whitfield**

**I.**​​**GENERAL**​​**INFORMATION**​(please​ ​print​ ​clearly​ ​or​ ​type)

T-shirt size \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (all will be unisex adult sizes)

**Name**​ ​\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_​ □​ ​Mr.​ □​ ​Mrs.​ □​ Ms.​ ​ □ ​ Miss​ ​ ​Family/Last​ ​Name ​ ​First​ ​Name ​ ​Middle​ ​Name

## Mailing​ ​Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CityState Zip​ ​Code

Country​ ​\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ​ ​Phone​ ​\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_​ ​Fax​ ​\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
|  **Personal**​​**Details**   |  |
| Date​ ​of​ ​Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | Occupation ​ ​\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Citizenship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | Place​ ​of​ ​Birth​ ​\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Passport​ ​No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | Valid​ ​From/​ ​To​ ​\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_  |

Second​ ​Nationality​ ​if​ ​Dual​ ​Citizenship​ ​\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_​ \_\_

## Health​ ​&​ ​Medical​ ​Status

Please​ ​list​ ​any​ ​disabilities​ ​or​ ​health​ ​issues, ​ ​including​ ​any​ ​allergies (food included):​ ​

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please​ ​list​ ​any​ ​medications​ ​you​ ​are​ ​currently​ ​taking​ ​and​ ​side​ ​effects​ ​that ​ may​ occur which​ might​ ​ alter​ your​ ​missions​ ​experience​ ​and​ ​ability​ ​to​ ​perform​ ​your​ ​service:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Medical**​​**Insurance**​​**(optional)**

Company​ ​\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy​ ​No.​ ​\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**In**​​**Case**​​**of**​​**Emergency,** ​​**Contact**​​**(please**​​**provide**​​**2)**​:

Name​ ​\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_​ ​Relationship​ ​\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address​ ​\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone​ ​\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_​ ​Email​ ​\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name​ ​\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_​ ​Relationship​ ​\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address​ ​\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone​ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_​ ​ ​Email​ ​\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

​ **II.** ​​**MARITAL**​​**STATUS**

# **Current**​​**Status**​ □​ Single □​ Engaged □​ Married ​ □​ Separated​ □​ ​Divorced ​ □ Widowed

## III.​ EDUCATIONAL​ ​BACKGROUND

What​ ​level(s)​ ​of​ ​education​ ​have​ ​you​ ​completed? ​ ​\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where? ​ ​\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_​ ​When? ​ ​\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Major​ ​and​ ​type​ ​of​ ​degree: ​ ​\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other​ ​areas​ ​of​ ​study/degree(s): ​ ​\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other​ ​educational​ ​experience​ ​ (technical, ​ ​bible​ ​school, ​ seminary, ​ ​ ​etc.) ​ ​\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other​ ​skills, talents, ​ ​special​ ​interests, ​ ​and​ ​professional​ ​background​ ​\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## IV.​ ​EMPLOYMENT ​ ​EXPERIENCE

Current​ ​employer​ ​or​ ​business​ ​name​ ​ (indicate​ ​if​ ​self-employed):​ ​\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name​ ​of ​ ​last​ ​employer: ​ ​\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**V.**​​**LANGUAGES**

Besides​ ​English, ​ ​what​ ​language(s)​ ​do​ ​you​ ​speak​ ​and/​ ​or​ ​read? ​ ​What​ ​is​ ​your​ ​level​ ​of​ ​ability?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_​ ​ ​ ​Fluent​ ​Conversational​ ​Basic

## VII.​ ​DECLARATIONS, ​ ​CONSENT, ​ ​AND​ ​LIABILITY

Having​ ​completed​ ​and​ ​signed​ ​the​ ​following​ ​sections, ​ ​I​ ​understand​ ​that​ ​this​ ​is​ ​necessary​ ​to ​ protect​ Will2Way Foundation ​Inc​ (Hope 4 Haiti) ​from​ ​possible​ ​legal​ ​actions.

**A.**​​**LIABILITY**​​**RELEASE**​​**(please**​​**see**​​**the**​​**Liability**​​**Form**​​**on**​​**page**​​**5)**

## C.​ ​DECLARATION

I​ ​have​ ​completed​ ​all​ ​portions​ ​of​ ​this​ ​application​ to​ ​ participate​ ​ ​in ​​​ ​Will2Way Foundation Inc (Hope4Haiti) Outreach Ministry ​ ​missions, ​ if​ ​ accepted,​ I​ ​ will​ ​ ​abide​ ​by​ ​the​ ​spirit,​ ​policy,​ and​​ ​schedule​ ​of the​ ​program.​ ​I​ ​commit​ ​to​ ​paying​ ​all​ ​expenses​ ​required​ ​for​ ​the​ ​mission​ program​ ​ ​for ​which​​ ​I​ ​am​ ​applying.

## Applicant's​ ​Signature: ​ ​\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_​ ​Date: ​ ​\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ VIII.​ ​REFERENCES

Please​ ​provide​ ​two​ ​references​ ​of ​ those​ ​ who​ ​ have​ ​ ​seen ​ you​ ​ in​ ​​a​ team​ ​ ​setting ​ and ​​ someone​ is​​ ​well acquainted​ with​ ​your​ strengths,​ ​ ​weaknesses​ ​and​ ​service ​abilities. We​​ ​may​ ​contact​ ​your ​​references.

**Reference**​​**1:**

Name​ ​\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_​ ​Relationship​ ​\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address​ ​\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone​ ​\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/​ ​Alt.​ ​Phone​ ​\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email​ ​\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reference**​​**2:**

Name​ ​\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_​ ​Relationship​ ​\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address​ ​\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone​ ​\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/​ ​Alt.​ ​Phone​ ​\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email​ ​\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



## IX.​ ​OTHER​ ​QUESTIONS​ ​TO​ ​GET​ ​TO​ ​KNOW​ ​YOU​ ​(Optional)

**Please**​​**answer**​​**the**​​**following**​​**questions**​​**as**​​**best**​​**you**​​**can**​​**on**​​**a**​​**separate**​​**page:**

1)​ ​Are you of Christian faith?

2)​ ​How​ ​did​ ​you​ ​hear​ ​about​ ​this​ ​global​ ​outreach?

3)​ ​Why​ ​would​ ​you​ ​like​ ​to​ ​participate? ​ ​What​ ​excites​ ​you?!

5)​ ​Have​ ​you​ ​had​ ​any​ ​other​ ​global​ ​service/training​ ​outside​ ​of​ ​the​ one​ ​ ​for​ ​ which​ ​you​ ​are​ ​applying?

If​ ​so, ​ ​please​ ​specify.

6)​ ​What​ ​areas​ ​of​ ​service​ ​interest​ ​you​ ​most​ ​and​ ​do​ ​you​ ​have​ ​experience?​ ​(e.g.​ ​Biblical​ ​teaching,​ ​prayer, children's​ ​evangelism, ​ ​youth​ ​outreach, ​ leadership​ ​ development,​ ​ women's​ ​ outreach,​ ​ men's​ ​ ​outreach,​ elder​ care,​ ​youth ​ outreach,​ ​ cooking/kitchen,​ ​ ​photography,​ ​construction,​ ​sustainability,​ green​ ​ ​building,​ ​clean water,​ ​visual​ ​art,​ ​music,​ ​performing​ ​arts,​ ​administrative​ ​support,​ ​education,​ ​hospitality,​ ​counseling, mentoring,​ ​...other)

8)​ ​Finish​ ​the​ ​following​ ​sentences​ ​as​ ​you'd​ ​like:

9)​ ​Is​ ​there​ ​any​ ​further​ ​information​ ​you'd​ ​like​ ​to​ ​share​ ​that​ ​you​ ​think​ ​would​ ​help​ ​get​ ​to​ ​know​ ​you?

**Will2Way Foundation Hope 4 Haiti 2019**

**MISSION**​​**APPLICATION**

In​ ​signing​ ​this​ ​form,​ ​I​ ​\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_​ ​agree​ ​not​ ​to​ ​hold​ ​Will2Way Foundation Inc (Hope4Haiti) Outreach Ministry ​and​ ​its​ ​officers,​ ​employees​ ​or​ ​other​ ​agents​ ​liable for​ ​injury,​ ​loss,​ ​damage​ ​or​ ​accident​ ​that​ ​I​ ​might​ ​encounter​ ​while​ ​on​ ​one​ ​of​ ​their​ ​mission/global​ ​service​ ​trips. I​ ​realize​ ​and​ ​acknowledge​ ​that​ ​my​ ​participation​ ​on​ ​a​ ​mission/global​ ​service​ ​trip​ ​to​ ​a​ ​foreign​ ​country includes​ ​many​ ​risks​ ​and​ ​possible​ ​dangers.​ ​I​ ​am​ ​well​ ​aware​ ​that​ ​my​ ​travel​ ​to​ ​such​ ​a​ ​foreign​ ​country​ ​exposes me​ ​to​ ​such​ ​risks​ ​as​ ​accidents,​ ​disease,​ ​war,​ ​political​ ​unrest,​ ​injury​ ​from​ ​construction​ ​projects​ ​and​ ​other calamities.​ ​I​ ​hereby​ ​assume​ ​any​ ​such​ ​risks​ ​that​ ​might​ ​result​ ​from​ ​my​ ​travel​ ​to​ ​a​ ​foreign​ ​country,​ ​and​ ​I unconditionally​ ​agree​ ​to​ ​not​ ​hold​ ​​ ​Will2Way Foundation Inc (Hope4Haiti) Outreach Ministry ​its officers,​ ​employees​ ​or​ ​other​ ​agents​ ​blameless​ ​from​ ​any​ ​liability​ ​concerning​ ​my​ ​personal​ ​health​ ​and well-being,​ ​or​ ​any​ ​Liability​ ​for​ ​my​ ​personal​ ​property​ ​that​ ​might​ ​be​ ​lost,​ ​damaged​ ​or​ ​stolen​ ​while​ ​on​ ​a mission/global​ ​service​ ​trip.​ ​I​ ​have​ ​carefully​ ​read​ ​the​ ​foregoing,​ ​and​ ​I​ ​understand​ ​that​ ​my​ ​signature​ ​herein holds​ ​​ ​Will2Way Foundation Inc (Hope4Haiti) Outreach Ministry​ ​its​ ​officers,​ ​employees​ ​or​ ​other agents​ ​harmless​ ​for​ ​any​ ​liability​ ​for​ ​injury,​ ​damage,​ ​loss,​ ​accident,​ ​delay​ ​or​ ​irregularity​ ​in​ ​schedule.​ ​I understand​ ​that​ ​mission/global​ ​service​ ​trips​ ​events​ ​and​ ​activities​ ​may​ ​be​ ​photographed.​ ​I​ ​therefore​ ​agree​ ​to allow​ ​photos,​ ​videos,​ ​or​ ​films​ ​for​ ​missions​ ​experience​ ​for​ ​the​ ​purpose​ ​of​ ​publicity​ ​or​ ​promotions.​ ​I understand​ ​that​ ​if​ ​I​ ​have​ ​any​ ​special​ ​dietary​ ​restrictions​ ​that​ ​I​ ​will​ ​provide​ ​my​ ​own​ ​food​ ​at​ ​my​ ​own expense.​ ​I​ ​understand​ ​that​ ​​ ​Will2Way Foundation Inc (Hope4Haiti) Outreach Ministry,​ ​Inc​ ​global​ ​service trips​ ​are​ ​a​ ​package​ ​deal​ ​and ​**ALL**​​**PAYMENTS**​​**ARE**​​**NON-REFUNDABLE**​​**AND**

**NON-TRANSFERABLE.** ​I​ ​understand​ ​that​ ​lodging​ ​accommodations​ ​are​ ​subject​ ​to​ ​change​ ​due​ ​to

unexpected​ ​conditions​ ​that​ ​may​ ​occur; ​ ​therefore, ​ ​I​ ​agree​ ​to​ ​be​ ​flexible​ ​to​ ​sleep​ ​on​ ​an​ ​air​ ​mattress,​ ​floor,​ ​etc. I​ ​will​ ​accept​ ​and​ ​submit​ ​to​ ​the​ ​leadership​ ​and​ ​authority​ ​of​ ​the​ ​team​ ​leader​ ​and​ ​promise​ ​to​ ​abide​ ​by​ ​his​ ​or her​ ​decisions.​ ​I​ ​fully​ ​understand​ ​that​ ​travel​ ​can​ ​be​ ​difficult,​ ​and​ ​I​ ​promise​ ​to​ ​adopt​ ​a​ ​flexible​ ​attitude​ ​and​ ​be supportive,​ ​as​ ​plans​ ​may​ ​need​ ​to​ ​be​ ​changed.​ ​I​ ​am​ ​further​ ​aware​ ​that​ ​the​ ​inconsistent​ ​nature​ ​of​ ​travel​ ​may also​ ​result​ ​in​ ​a​ ​delayed​ ​return.​ ​I​ ​will​ ​embrace​ ​the​ ​posture​ ​of​ ​a​ ​servant​ ​and​ ​I​ ​will​ ​respect​ ​and​ ​follow necessary​ ​cultural​ ​traditions,​ ​including​ ​dress​ ​attire,​ ​eating​ ​and​ ​drinking,​ ​and​ ​other​ ​things​ ​that​ ​will​ ​help​ ​me to​ ​honor​ ​and​ ​assimilate​ ​into​ ​the​ ​local​ ​community.

**Signed** ​ **the**​ ​ \_\_\_\_\_\_\_\_\_ ​ **day** ​ **of**​ ​ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,​ **20**\_\_\_\_\_\_\_​ ​ **This**​ ​**will**​​​**remain**​​**applicable**​​**for**​​**one** ​​**year from**​​**this**​​**date.**

**Participant**​​**Printed**​​**Name:** ​​**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## Participant​ ​Signature: ​ ​\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_