

**Grantmakers Without Borders
FUNDER AND DONOR DELEGATION TO HAITI
Delegate Application Form**

Delegation eligibility:

Grantmakers Without Borders' Funder and Donor Delegation to Haiti is open to staff and trustees of private and public foundations; staff of philanthropic support organizations; and individuals with a significant financial commitment to social justice in the global South. If you are uncertain if you are eligible to participate in the delegation, please contact John Harvey, at john@gwob.net, to inquire.

To apply for participation in the delegation, please fill out this form and return it by mail to **Grantmakers Without Borders, PO Box 181282, Boston, MA 02118** or by fax to **(617) 266-0497**. Please include a non-refundable deposit of \$100 with your application.

Name (as it appears on your passport):

Mailing address:

Home phone:

Work phone:

Fax:

E-mail:

Is this your first trip to Haiti?

Is this your first trip to a developing country? If not, where else have you traveled and under what circumstances?

Please tell us about your motivation for visiting Haiti and your goals for this trip.

Passport Information:

Country of citizenship:

Passport number:

Date of issuance:

Expiration:

Place of issuance:

Date of birth:

Birthplace:

Medical Information:

Age:

Blood type:

Do you have any of the following medical conditions?

- * epilepsy
- * allergies (if so, please specify)
- * heart conditions (if so, please specify)
- * diabetes
- * back problems or other similar injuries
- * emphysema
- * high blood pressure
- * psychiatric or nervous disorder
- * other (if so, please specify)

Are you currently under a doctor's care or have you been during the past six months?

If yes, what conditions were being treated?

How might these conditions affect your travel?

Do you take any medications? If so, please specify which conditions they treat and possible side effects:

Do you have any special dietary needs (including voluntary, such as vegetarian or kosher)?

Will your medical insurance cover any health care costs incurred during this trip?

Your insurance carrier and policy number:

Are there any other concerns about your health that Grantmakers Without Borders staff should know about?

In case of illness or emergency, whom should we notify?

Name:

Relationship to you:

Address:

Telephone (home and work)

Release/disclaimer of liability

I, _____, do hereby voluntarily release Grantmakers Without Borders and its directors, officers, employees and agents from all manner of suits, actions, claims, demands and liabilities which may arise from my participation in the trip to Haiti in October 2004. I recognize that the conditions in some of the places to which I will travel are not of the same standard as the conditions to which I may be accustomed.

I realize further that there are certain health risks as well as other risks to me and my property, and I enter into participation in this trip with knowledge of those risks.

I understand that this document constitutes a full and complete waiver of all possible claims, including claims for negligence in personal injury or property damages, arising out of my participation in this trip. No provision of this document shall in any way, limit my right to make claims against persons other than release Grantmakers Without Borders and its directors, officers, employees and agents.

Signature: _____

Name (printed): _____

Address: _____

Date: _____