



REAL HOPE FOR  
**HAITI**

# Office Intern Application

(last updated 3/20/17)

## Demographic Information

Full Name: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

D.O.B.: \_\_\_\_\_ Gender: M / F Marital Status: single / married / divorced / separated / widowed

Children: Yes / No If yes, what are their ages: \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Current e-mail Address: \_\_\_\_\_

Please list any allergies, dietary restrictions, or other medical conditions you may have, including any medications that you regularly take:

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

Emergency Contact: name: \_\_\_\_\_

relationship: \_\_\_\_\_ phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

e-mail: \_\_\_\_\_

## Education & Experience

Please use this space to describe your qualifications, based on the office intern job description. Include any international experiences.

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



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If there is any additional information you would like us to know, please include it here.

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Real Hope for Haiti operates in a rural community. Do you believe you would do well in a self-contained (isolated) environment? Yes / No

Do you believe you can be flexible and patient in difficult circumstances and living conditions? Yes / No

Are you willing to work as a member of a team, setting aside your own agenda for the benefit of the team? Yes / No

Are you willing to submit to the authority of the missionaries at Real Hope for Haiti? Yes / No

Are you willing to learn to appreciate your host country and refrain from expressing criticism of the local people, their culture, and methods in completing tasks? Yes / No

I, the undersigned, confirm that all information here contained is accurate and representative to the full extent of my knowledge.

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Signature

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Date

## Release of Liability and Hold Harmless Agreement

I understand that Real Hope for Haiti is a non-profit corporation operating a medical clinic in Cazale, Haiti. I understand that the clinic examines and treats hundreds of patients per week, some with infectious diseases like HIV/AIDS. I also understand that Haiti is a developing country with difficulties and dangers that may not be common in my own country.

I acknowledge that I am providing volunteer service for Real Hope for Haiti on my own volition and I assume all risk and danger associated with or incidental to such service. Those risks include, but may not be limited to, risk of serious bodily injury and risk of injury to or loss of personal property in travel to and from the site of the volunteer service or during the volunteer service.

I understand that I have the right to refuse any assignment that I think is unsafe or puts me at risk. In such cases, I understand that I must notify the clinic staff of my refusal to accept such an assignment as soon as reasonably possible.

I hereby agree to release, discharge and covenant not sue and to hold Real Hope for Haiti, including, but not limited to, its corporate officers and directors, clinic staff, employees and agents, harmless from and against any and all costs, expenses, losses, damages, claims, demands, or causes of action for damage to personal property, personal injury or death which may relate to or arise out of my participation in the volunteer service, including transportation to and from such participation.

I understand that if I am involved in an accident in the course of rendering service or any activity or travel related to the service, my insurer, and not that of Real Hope for Haiti, will be responsible for providing coverage.

I agree that this Agreement is intended to be broad and inclusive and that if any portion of the Agreement is held invalid, it is agreed that the balance shall continue in full legal force and effect. I certify that I have no medical condition that would cause participation in any activities at the clinic to increase the risk of hazard to my health. In addition, I authorize Real Hope for Haiti to provide or cause to be provided such medical treatment that may be necessary or appropriate if I am injured while at the clinic.

Any dispute between the parties requiring judicial determination or action shall be resolved by the Institute for Christian Conciliation, a Division of Peacemaker Ministries, and the parties hereby agree to abide by the rule and procedures of the Institute for Christian Conciliation and the parties further agree that any arbitration award made shall be final and binding upon the parties and may be entered as a judgment in the Hamilton County Superior Court of Indiana.

I HAVE READ AND VOLUNTARILY SIGNED THIS AGREEMENT, and further agree that no oral representations, statements, or inducements apart from this Agreement have been made by Real Hope for Haiti or any of its agents with regard to the subject matter of this Agreement.

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Participant Signature

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Date

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Participant Name (Please Print)

( ) -  
Participant Phone Number

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Participant Address