

CLMI HAITI MISSION APRIL 2010

Expression of interest

Name: _____
Last First Middle

Profession: _____ **Date of Birth:** ___/___/___

Address: _____
Street

City State Zip

Daytime Phone: _____ **Cell Ph:** _____

Email: _____

CHURCH INVOLVEMENT

Name of Church Currently Attending Church Affiliation

Pastor's Name Phone

What skills/experience can you contribute to the project in Haiti? (Please list areas of trade, training, certification, aid or relief experience)

Do you have any physical limitations or health problems that may limit your involvement in the physical labor involved in the project? Are you currently on any medications?

Signature

Date