

**Haiti Solidarity Partnership Ministry**

**Delegate Profile & Application for April 3-10, 2018 Mission Trip**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (h) \_\_\_\_\_ (c) \_\_\_\_\_ E-mail \_\_\_\_\_

Are you a Mary, Queen of Peace parishioner? \_\_\_\_\_

Prerequisites for travel:

1. Valid passport. The cost estimates are \$900.00 to include air and land expenses.
2. All immunizations up to date including Hepatitis A, Hepatitis B, Typhoid, and Tetanus. A Malaria prophylactic is strongly suggested.
3. No significant medical needs. The closest clinic is a two-hour drive from Dessources.
4. There is no electricity and limited water source. There is no hot water or water pressure.
5. We do not drink the local water.
6. You will be sharing a room with one or more persons.
7. You will be traveling in a car over rough terrain with no restrooms for a minimum of 3 hours.

Please name the parish organization or ministries that you are involved in.

\_\_\_\_\_  
Describe your involvement to date with the parish partnership. Have you read and understand the concepts of twinning in the CRS Partnership manual?

\_\_\_\_\_  
Why do you want to participate in this delegation? What are your goals and objectives for the trip?

\_\_\_\_\_  
Do you have any other cross-cultural experience within or outside of the USA? If yes, please explain:

\_\_\_\_\_  
Do you speak French or Haitian Creole?

\_\_\_\_\_  
Which parish groups or civic organizations do you plan on sharing your experiences with upon your return?

\_\_\_\_\_  
Upon your return, how will you be willing to help further the partnership?

\_\_\_\_\_  
All travelers will be asked to complete the Haiti delegate travel form, if you have not already received this please request one to review prior to your application it includes detailed medical and emergency contact information. Please return no later than February 1, 2018.

Questions: please email [mqphaiti@gmail.com](mailto:mqphaiti@gmail.com) or  
Muguet Bolotte 985.705.1846