



***Haiti* REVERSE MISSION PILGRIMAGE**
Application to Participate

PERSONAL

Last Name: _____ First Name: _____ Middle Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ fax: _____

e-mail: _____

Passport number (leave blank if you don't have a passport yet): _____

Date of birth: _____

MEDICAL AND HEALTH

1. List any physical limitations or disabilities that could prevent you from participating fully in the Haiti reverse mission experience. Do you have any special needs?

2. Describe any medical problems including allergies.

3. List current (prescription) medications and dosages and your Blood Type _____.

4. Name and telephone number of your physician: _____

5. Person to contact in case of emergency:

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Day phone: _____

Evening phone: _____

PERSONAL STATEMENT: (Use additional paper as needed.)

1. Please explain your reasons for wanting to participate in the Haiti reverse mission experience.

2. Describe briefly any previous experience in an impoverished country like Haiti.

3. What concerns, reservations, questions , or doubts do you have about your participation in the reverse mission pilgrimage to Haiti?

REFERENCES (e.g. pastor or other clergy, professional colleagues, employer)

1. Name and title: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ email: _____

2. Name and title: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ email: _____

3. Name and title: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ email: _____

PLEASE RETURN THE COMPLETED APPLICATION TO:

Dr. Richard A. and E. Daneen Gosser
329 N. Fairfield Street
Ligonier, PA

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fax: 724-238-4603

e-mail: richgosser@verizon.net (primary)
rgosser@PIPHaiti.org (secondary)