



JACMEL, HAITI VOLUNTEER APPLICATION

PART 1: CURRENT INFORMATION
(Please PRINT clearly. ALL information must be provided.)

Name: (first, middle, last) _____

Gender: Male Female

Date of Birth: _____

Contact Information

Cell Phone #: _____

Home Phone #: _____

Email: _____

Current Address: _____

City, State/Province, Zip/Postal Code: _____

Emergency Contact

Name _____ phone# _____

Address _____ email _____

All volunteers must be able to commit to a minimum of 3 weeks while in Haiti

Length of time available: _____

Dates available: _____

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Professional Group (choose all that apply)

CNM CPM Direct Entry Traditional Midwife

Other (please elaborate) _____

Do you currently hold a license? ____ State/Province of current **Active** License: _____

License No: _____

How many babies have you caught in your career? _____

How many babies have you caught in the last 24 months? _____

Have you attended Home Births? _____ If yes, how many? _____

Any and all personal health issues: _____

Physical and/or other limitations: _____

Do you speak French/Creole? _____ Please describe you level of comprehension and conversation _____

How did you hear about Mother Health International?

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PART 2: Please feel free to elaborate extensively on a separate pages.

Describe previous travel experience (where, why and for how long.)

Details of Relief Experience (how long, what was your position, where, when, what type of disaster?) Be thorough.

What qualities do you posses that will make you an effective midwifery volunteer in Haiti?

What do you feel are your strengths and weaknesses and how do you deal with them?

Are you a leader or a follower? Why? (there is no right answer)

Have you ever experienced a life trauma, loss, major challenge or situational change?

How long ago?

What steps did you take to resolve this situation? Be thorough.

Conflict is a normal part of human interactions. Describe an experience when you have dealt with an interpersonal conflict.

How do you measure success, as it relates to birth?

Walk me through, in writing, your role as midwife, at a birth. Please describe the setting and who is in attendance. Please explain from start, to finish, how you would handle Stage 1, Stage 2, Stage 3 of labor and birth?

Describe the scope of your skills as a midwife (ex. IV administration, alternative, herbal/acupuncture.)

Do you identify with any particular practitioner or author in the field of midwifery or obstetrics? Explain.

What are you planning to get out of your volunteer experience in Haiti?

Often times at our Birth Center midwives are required to do work besides catching babies. Are you flexible to do work beyond midwifery? Please explain.

PART 3: SUPPORTING DOCUMENTATION:

Resume or CV

Please scan and email a recent copy of your professional license with this application

Submit 2 personal and 2 professional references with this application. Email and phone contact only.

PLEASE NOTE: You will be required to pay your own airfare and hotel fees in transit and on the ground in Haiti. Travelers insurance will be required, in order to be accepted to volunteer. Mother Health International cannot be responsible for any injuries or illnesses which occur while in Haiti. You will be required to sign a Liability Waiver before departure.

Thank you for taking the time to complete the application

Please email your information to info@motherhealthinternational.org

Applications received with missing or incomplete information will not be considered. Once reviewed, we will contact you soon. Your patience is appreciated.

*In gratitude for your consideration,
Mother Health International*