

Haiti Plunge Inc.  
21 Maple Street  
Adams, MA 01220

**HAITI PLUNGE APPLICATION FORM  
2019**

(print as appears on passport )

Name \_\_\_\_\_ <sup>Circle</sup> M / F D.O.B. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Home Address \_\_\_\_\_

School/ College \_\_\_\_\_ Year \_\_\_\_\_ Age \_\_\_\_\_

College Address \_\_\_\_\_

Email \_\_\_\_\_ Cell phone \_\_\_\_\_

Can you speak or understand French? \_\_\_\_\_

Rate yourself in the following areas: 5 is high. Circle one

Enjoy working on a team	1	2	3	4	5
Ability to deal with challenges and the unfamiliar	1	2	3	4	5
Adaptability/flexibility to changes in plans	1	2	3	4	5
Response to leadership	1	2	3	4	5
Interaction with peers	1	2	3	4	5
Surviving without electricity or running water	1	2	3	4	5
Capable of enduring heat and humidity ( in the 90's)	1	2	3	4	5
Enjoy physical work	1	2	3	4	5

Identify your leadership qualities:

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( College & High School students ) Are your parents supportive of your decision to participate in the Haiti Plunge?\_\_\_\_\_

Before responding to this part of the application you should take some time to look at the HPI website so you have an understanding of the organization and its projects. In 500 words share your own reasons for desiring a cross-cultural total immersion experience in Haiti, a developing country. Be sure to include answers to the following questions: How did you hear about the Haiti Plunge Program? What do you hope to gain from this experience? What do you have to offer this experience? Who helped you to make this decision? How will you share this experience with others upon your return? ( This should be typed, double spaced on a separate sheet of paper and attached to this application.)

**The cost of this trip is \$1,700-00.** All students must raise this money through a sponsorship program set up by the Haiti Plunge. Once your application has been processed you will receive notification for an interview with a member of the HPI staff.

Interested adults can call the Haiti Plunge Office: 413-281-5477 or 413-346-3241. Adult participants follow a different protocol.

**CONTRIBUTIONS MUST BE RECEIVED BY THE DESIGNATED DATE ON YOUR FUNDRAISING PACKET.**

**In the event that these financial goals are not met within the established time frame, participants will be automatically withdrawn from the team. The contributions made in the participant's name will remain in an escrow account for 12 months. Participants will be given the option to select another team within that 12 month time period.**

Attached to this application are three recommendation forms. Please distribute them accordingly.

**HAITI PLUNGE TEAMS 2019**

( **circle** your first choice **square** your 2<sup>nd</sup> choice )

<b>Feb. 15 –24</b> <b>HS/ College</b>	<b>March 2-10 / 9-17</b> <b>College.</b>	<b>April 12 – 21</b> <b>H.S.</b>
<b>June 28 – July 7</b> <b>H. S. / College</b>	<b>Aug. 9 – 17</b> <b>H.S./ College</b>	<b>Dec. 28-Jan. 6,'20</b> <b>College/ Adults</b>

Mail application to: **Haiti Plunge, Inc.**  
**P.O. Box 376**  
**Adams, MA 01220**

email: [thehaitiplunge@gmail.com](mailto:thehaitiplunge@gmail.com)

[www.thehaitiplunge.org](http://www.thehaitiplunge.org)

FB The Haiti Plunge Tele: ( 413) 346-3241