

ELIGIBILITY TO TRAVEL

Please respond thoughtfully and thoroughly to the following questions. Send an attached email if you need more space!

1. CMT is authorized to send the following types of supplies to Cuba: Medical Equipment, Hospital Supplies, Medicine, Educational Material, Food, Clothing, Household Items for Disaster Relief, Items of Personal Hygiene, Sporting Equipment.

Describe your qualifications as a "professional and technical specialist."
(These qualifications must be related to one or more of these categories of items we are licensed to send.)

2. Describe your interest in joining CMT in transporting medical supplies to Cuba.

3. Describe your potential contributions to the work of Caribbean Medical transport.

How might you specifically enhance our efforts?

Do you have or can you develop a source of medical or other donated supplies to transport to Cuba?

Do you have other expertise or suggestions to assist our efforts?

4. Are you willing to conform to all travel conditions established by Caribbean Medical Transport and the Office of Foreign Assets Control?

YES

NO

5. Have you ever been to Cuba? YES NO

6. If approved, where would you like prefer to go?

Havana Santiago De Cuba Elsewhere? No Preference

7. If approved, when would you like to travel to Cuba (No exact dates are required, just a general idea)

DATES:

8. Are you comfortable traveling own or with your own friends, or would you prefer that we help find a traveling partner?

On My Own Find a partner!

9. After reading the section on program costs on the general travel page, which of the following describes your situation

I can donate \$400-\$500 (or more) so you won't have to fundraise elsewhere.

I can donate something less, but pledge to help raise that money in my community to the best of my ability.

I promise to make up for my financial inability with dedication and devotion. (Please Explain)

PERSONAL INFORMATION

Surname _____ Middle Name _____ First Name _____

(EXACTLY AS IT APPEARS ON YOUR PASSPORT)

Gender (check one) Male _____ Female _____

Date of Birth (month/date/year) _____

Address _____

City _____ State _____ Zip _____

Telephone:
Home(____) _____ Work(____) _____ Fax(____) _____

Primary email address _____

PASSPORT INFORMATION

IMPORTANT your passport must be valid for a minimum of 6 months after the end of your travel dates. You will not be allowed into Cuba otherwise.

Country of birth _____

Country of Citizenship _____

Surname _____ Middle Name _____ First Name _____

(EXACTLY AS IT APPEARS ON YOUR PASSPORT)

Passport Number _____

Location where issued _____

Date of Issue (day/month/year) _____

Expiration date _____

Alien Registration Number (if applicable): _____

Mother's Maiden Name: _____

Persons to contact in case of an emergency (please list two contacts)

First contact name and Phone number:

Second Contact Name and Phone number:

If you are approved for travel, you will have to print out and submit the

Acknowledgement of Conditions a PDF document. Instructions are with the document.