

**HANDS OF HOPE LIBERIA OUTREACH 2018**  
**HANDS OF HOPE OUTREACH APPLICATION & CHECK LIST**

Circle Title: Rev/Dr/Mr/Mrs/Ms

First Name: \_\_\_\_\_ Full Middle name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Office Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Circle- Married or Single \_\_\_\_\_ If Married, list name of spouse: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ CITY & COUNTY of Birth: \_\_\_\_\_

Nationality: \_\_\_\_\_

Passport # \_\_\_\_\_ Place Passport Issued: \_\_\_\_\_

Date Passport Issued: \_\_\_/\_\_\_/\_\_\_ Passport Expiration Date: \_\_\_/\_\_\_/\_\_\_

*Your passport must be at least 6-months from its expiration date*



Is this your first visit to LIBERIA? YES or NO.

If no, when were you last there \_\_\_\_\_? How long were you there \_\_\_\_\_?

Do you have a United Air Mileage # \_\_\_\_\_

Church Name: \_\_\_\_\_ Church City: \_\_\_\_\_

What is your comfortable T-SHIRT size/Medical Scrub Shirt Size: S M L XL 2X 3X 4X

What is your Blood Type \_\_\_\_\_

WHICH TEAM YOU WILL TRAVEL WITH:

- HOH MED-SURGICAL TEAM #1  
 HOH EDUCATION TEAM #2

CHECK LIST:

\_\_\_ **Signed & Completed HOH Application & Sign VISA application DO NOT FILL OUT!:**

\_\_\_ **(ASAP to reserve your spot by 12/5/17.)**

\_\_\_ **I have my passport: (Deadline to turn in to HOH office for VISA application January 1, 2018)**

\_\_\_ **2-ID Photos have been sent for my VISA application: (Turn in no later than January 1, 2018)**

\_\_\_ **Copy of my Yellow card with all immunizations complete (Turn in Deadline January 1, 2018)**

\_\_\_ Yellow Fever (required) \_\_\_ Typhoid \_\_\_ Hep A \_\_\_ Hep B

\_\_\_ Tetanus Booster \_\_\_ Polio Booster

**FINANCIAL:** (Checks should be made out to HOH Foundation with your name and Liberia 2016 in the memo.

You can also pay online at [www.hohfoundation.com](http://www.hohfoundation.com) with a 3% surcharge to cover the processing fee.

\_\_\_ **\$ 500 HOH Liberia 2016 Trip Deposit (To reserve your spot ASAP, no later than December 15, 2017)**

\_\_\_ **\$1500 2<sup>nd</sup> Payment Due (by January 15, 2018)**

\_\_\_ **\$1250 3<sup>rd</sup> Payment Due (by March 1, 2018)**

**TOTAL TRIP COST \$3250.** This DOES NOT INCLUDE your cost for vaccinations, passport documents, travel insurance, meals during airport travel & personal shopping in country. *If you project a payment will be late or need help with some special handling, please communicate in advance with Rev. Troy ([Troy@hohfoundation.org](mailto:Troy@hohfoundation.org)) or with Tracy Lake- HOH Treasurer ([Tracy@hohfoundation.org](mailto:Tracy@hohfoundation.org))*

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Rev. Dr. Troy D. Benitone, Community of Faith Church & Executive Director/Hands of Hope Foundation

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E-mail: [Troy@hohfoundation.org](mailto:Troy@hohfoundation.org) • Web site: [www.hohfoundation.org](http://www.hohfoundation.org)



**EMBASSY OF THE  
REPUBLIC OF LIBERIA**

5201 16th Street, NW  
Washington, DC 20011

202 723 0437 / tel  
202 723 0436 / fax

www.liberianembassyus.org/consular/visa

**DIPLOMATIC/OFFICIAL/REGULAR VISA**

Name (First/Middle Initial/Last)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address/Suite No.	<input type="text"/>		
City/State/Zip	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone	<input type="text"/>		
Email Address	<input type="text"/>		
Date Of Birth	<input type="text"/>		
Place of Birth (City/Country)	<input type="text"/>	<input type="text"/>	
Nationality	<input type="text"/>		
Passport Number	<input type="text"/>		
Place Issued	<input type="text"/>		
Date Issued	<input type="text"/>		
Expiration Date	<input type="text"/>		
Visa Type Requested	<input checked="" type="radio"/> <b>Single: 1-3 Months</b>		
	<input type="radio"/> <b>Multi: 1 Year</b>	<input type="radio"/> <b>Multi: 2 Years</b>	<input type="radio"/> <b>Multi: 3 Years</b>
Proposed Travel Date	<input type="text"/>		
Length of Stay	<input type="text"/> <b>Day(s)</b>	<input type="text"/> <b>Week(s)</b>	<input type="text"/> <b>Month(s)</b>
Purpose of Trip	<input type="checkbox"/> <b>Business</b>	<input type="checkbox"/> <b>Tourism</b>	<input type="checkbox"/> <b>Employment*</b>
	<input type="checkbox"/> <b>Official</b>	<input type="checkbox"/> <b>Diplomatic</b>	<input type="checkbox"/> <b>Other</b>
If 'Other', please explain:	<input type="text"/>		

\* If travelling for employment purposes, you must provide the full name, address and telephone number of your future employer in Liberia. **See page 2.**

**FEES** Same Day +75\$  
Next Day + 50\$

US CITIZENS	
SINGLE: 1-3 Months	<b>US\$ 131.00</b>
MULTIPLE: 1 Year	<b>US\$ 200.00</b>
MULTIPLE: 2 Years	<b>US\$ 300.00</b>
MULTIPLE: 3 Years	<b>US\$ 400.00</b>
ECOWAS CITIZENS	
<b>GRATIS</b>	
ALL OTHERS	
SINGLE: 1-3 Months	<b>US\$ 70.00</b>
MULTIPLE: 1 Year	<b>US\$ 150.00</b>
MULTIPLE: 2 Years	<b>US\$ 250.00</b>

ABSOLUTELY NO cash or personal cheques accepted. **All fees are non-refundable.** All fees are to be paid in US Dollars via money order, cashier cheque or bank draft. Make payable to: **Embassy of Liberia.**

**VISA REQUIREMENTS**

- Applicant must provide a copy of his/her Yellow Book ( International Certificates of Vaccination ). In accordance with WHO regulations, all persons entering Liberia are required to have a valid certificate of immunization against yellow fever.
- Two (2) passport size photographs:
  - 2 x 2 inches in size, in full colour and identical.
  - Taken within the past six (6) months, showing current appearance.
  - Full face, front view with a plain white or off-white background.
  - Between 1 inch and 1 3/8 inches from the bottom of the chin to the top of the head.
  - Taken in normal street attire. Uniforms should not be worn, only religious attire that is worn daily.
  - Do not wear a hat or headgear that obscures the hair or hairline.
  - If prescription glasses, a hearing device, wig or similar article is normally worn, it should be worn for your picture.
  - Dark glasses or non-prescription glasses with tinted lenses are unacceptable unless needed for medical reasons. A medical certificate may be required.
- Liberian/Naturalised US citizens are required to obtain a visa from the Liberian Embassy in Washington, DC or the Consulate in NY- prior to travelling to Liberia.
- A signed, completed application form.
- Self-addressed, prepaid envelope for document return.

# DIPLOMATIC/OFFICIAL/REGULAR VISA

Is this your first visit to Liberia?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
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If 'No', when were you last there?	<input type="text"/>
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How long was your stay?	<input type="text"/>
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**Please provide contact information for two (2) people that currently reside in Liberia.**  
If travelling for employment purposes, you must provide the full name, address and telephone number of your future employer in Liberia as a professional reference.

Reference No. 1 (First/M/Last)	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Employer Telephone	<input type="text"/>
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Street Address	<input type="text"/>
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City/State/Zip	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Telephone	<input type="text"/>
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Reference No. 2 (First/M/Last)	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Street Address	<input type="text"/>
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City/State/Zip	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Telephone	<input type="text"/>
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I declare under penalty of perjury all of the following: 1) I am a citizen or non-citizen national of the Republic of Liberia. The statements made on the application are true and correct; 2) I have not knowingly and willfully made false statements or included false documents in support of this application; and 3) the photograph submitted with this application is a genuine, current photograph of me. I fully understand that any misleading information given will immediately disqualify me from obtaining a Visa.

Signature of Applicant	<input type="text"/>	<input type="text"/>
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Signature of Person Filling Form	<input type="text"/>	<input type="text"/>
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**FOR EMBASSY USE ONLY**

VISA No.	<input type="text"/>
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ISSUED	<input type="text"/>
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EXPIRATION	<input type="text"/>
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APPROVED BY	<input type="text"/>
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