

2016 VISION TRIP APPLICATION



Orphan Helpers, Inc. • 813 Forrest Drive, Suite A • Newport News, VA 23606 • Ph: 757 722 6940 • F: 757 722 6942

IMPORTANT: Please complete **all pages** below and mail application to the Orphan Helpers office. **NO FAXES.** Please enclose \$20.00 fee per person for all first-time applicants (Checks may be made out to Orphan Helpers Inc.) Please enclose a **color** copy of the first page of each traveler's passport. You must also read the trip handbook and sign the **Compliance Agreement** on the last page and submit it with this application.

Name of trip or organization with whom you are traveling & dates of trip:

SECTION ONE: Applicant Information

Legal Name (as it appears on passport)

Gender

Date of Birth

Shirt Size S-XXL

Passport #

SSN# (If over 18)

Have you traveled with Orphan Helpers in the past?

No _____ Yes _____ Name of Trip & Dates: _____

Are you a US Citizen? Yes _____ No _____ Other (please explain) _____

What airport will you be flying out of for this trip? _____

SECTION TWO: Applicant Contact Information

E-mail Address: _____

Current Mailing Address:

Street & Number: _____ **City:** _____ **State:** _____ **Zip:** _____

SECTION THREE: Emergency Contact Information

Name: _____ **Relationship to you:** _____

Street & Number: _____ **City:** _____ **State:** _____

Zip: _____ **Day Phone:** _____ **Evening Phone:** _____

Orphan Helpers secures travel insurance for all trip participants. Please list a beneficiary for all participants.

Name: _____ **Relationship to you:** _____

SECTION FOUR: Medical Information

- I am free from any medical problems, which would cause difficulty on this trip.
- I have medical condition(s) that might cause a problem on this trip (list participant name & describe below).

- I have the following allergies (list participant name & describe below):

- I am currently taking the following medications (list participant name & describe below):

SECTION FIVE: Primary Insurance or Other Insurance Plan

Company Name:

Telephone Number _____ **Policy Number:** _____

Name of Family Doctor: _____ **Telephone Number:** _____

SECTION SIX: References

Please list at least 3 references: (Please do not include family members)

1. Name:

Phone: _____ Years of Acquaintance: _____

2. Name:

Phone: _____ Years of Acquaintance: _____

3. Name:

Phone: _____ Years of Acquaintance: _____

Please include a Pastoral or Ministerial Reference:

Name:

Phone: _____ Years of Acquaintance: _____

SECTION SEVEN: Statement of Faith

There are two Statements of Faith below. Please only sign the one that applies to you.

Statement of Faith (For Christians)

- I believe the Bible to be the inspired, the only infallible, authoritative Word of God.
- I believe that there is one God, eternally existent in three persons: Father, Son and Holy Spirit.
- I believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal return in power and glory.
- I believe that for the salvation of lost and sinful man, regeneration by the Holy Spirit is absolutely essential.
- I believe in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a godly life.
- I believe that Jesus Christ will return personally and visibly in power and glory to consummate His salvation and His judgment.
- I believe in the spiritual unity of believers in our Lord Jesus Christ, with equality across racial, gender, and class differences.

In making my application to join with Orphan Helpers Mission Team _____, I, _____, affirm my faith in the Lord Jesus Christ as my personal Savior. I agree and adhere to the above statement of faith. I accept the challenges of this trip with the full acceptance that our main purpose is to impart a saving knowledge of God through Christ to all we meet, most importantly the orphans we go to serve. We believe that any solution apart from the saving knowledge of God through Christ is only temporary.

Signature: _____ Date: _____

Statement of Faith (For Non-Christians)

Orphan Helpers believes the following statements of faith:

- We believe the Bible to be the inspired, the only infallible, authoritative Word of God.
- We believe that there is one God, eternally existent in three persons: Father, Son and Holy Spirit.
- We believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal return in power and glory.
- We believe that for the salvation of lost and sinful man, regeneration by the Holy Spirit is absolutely essential.
- We believe in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a godly life.
- We believe that Jesus Christ will return personally and visibly in power and glory to consummate His salvation and His judgment.
- We believe in the spiritual unity of believers in our Lord Jesus Christ, with equality across racial, gender, and class differences.

In my application to go on an Orphan Helpers Mission Trip, I, _____, understand that the ministry I am traveling with adheres and believes in the above statements of faith. I agree to respect the beliefs and mission of Orphan Helpers. I will not say or take action that would counter their mission and purpose during my trip in Central America. I understand that if I do not follow these guidelines, I may be asked to leave the trip prematurely, or lose the privilege to participate in an Orphan Helpers trip in the future.

Signature: _____ Date: _____

SECTION EIGHT: Photo Authorization

Photo Authorization: I authorize Orphan Helpers the right to use my picture, voice and/or testimony in any form of promotional or advertising materials. My enclosed signature (and signature of my parent or legal guardian because I am under the age of 18) signifies my approval of all limitations listed above.

Applicant's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

(If applicant is under 18 yrs. old)

SECTION NINE: Medical Emergency Treatment Release Form

PLEASE COMPLETE THE SECTION BELOW IF YOU ARE 18 YEARS OF AGE OR OLDER:

In the event of an emergency requiring medical treatment I give permission for the leaders of this event to administer needed treatment as deemed necessary. The doctor or hospital has my permission to treat _____ as deemed necessary. (Your name)

Signature (If 18 yrs. or older): _____ Date: _____

In consideration of Orphan Helpers organizing, arranging and permitting me to attend and participate in the event, I hereby waive all rights which I may now have or which may accrue to me in the future against Orphan Helpers, its respective directors, officers, employees, and members (collectively the Orphan Helpers Representatives), and I hereby release and discharge Orphan Helpers and the Orphan Helpers Representatives from, and agree to indemnify and hold Orphan Helpers and the Orphan Helpers Representatives harmless from and against all liability for any and all actions, damages, causes of action, suits, costs, losses, expenses, claims, demands, damages and judgments (collectively the "Losses and Claims"), which I, my spouse, family members, children, invitees, heirs, executors, administrators, successors and assignees ever had, now have or hereafter can, shall or may have resulting from or arising in connection with my travel to, attendance at or participation in Orphan Helpers events.

I acknowledge that certain legal rights against Orphan Helpers or the Orphan Helpers Representatives may be available to me now or in the future as a result of any Losses and Claims, and that by executing this waiver and release liability, my spouse and I are forever relinquishing those rights against Orphan Helpers or the Orphan Helpers Representatives. I acknowledge that no promises, representation, or affirmations or fact were made to me by Orphan Helpers or Orphan Helpers Representative concerning the safety of this event, the security precautions taken in sponsoring the event, the relative safety or danger associated with traveling to the event or participation in any activity, event, or outing related to, associated with or connected in any way to the event and affirm that I have read and understand the foregoing provisions of this waiver and release of liability as a condition to my attendance at this event.

Signature: _____ Date: _____

Address: _____ City: _____ State: _____

Zip: _____ Home Phone: _____ Work Phone: _____

SECTION TEN: Minor Release Form

TO BE FILLED OUT BY PARENTS IF APPLICANT IS UNDER 18 YEARS OLD

(All minors must have their parents and/or guardians complete this form.

Attention: Parents/Guardians – Please read this form carefully, sign, and date. This form must be sign by both parents/guardians. This includes separated or divorced parents/guardians.)

THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY TO BE VALID

In the event of an emergency requiring medical treatment I give permission for the leaders of this event to administer needed treatment as deemed necessary. The doctor or hospital has my permission to treat _____ as deemed necessary.

(Child's name)

Parent/Guardian's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

Yes, I agree that my child can go with Orphan Helpers on the international mission trips. In consideration of Orphan Helpers organizing, arranging and permitting me to attend and participate in the event, I hereby waive all rights which I may now have or which may accrue to me in the future against Orphan Helpers, its respective directors, officers, employees, and members (collectively the Orphan Helpers Representatives), and I hereby release and discharge Orphan Helpers and the Orphan Helpers Representatives from, and agree to indemnify and hold Orphan Helpers and the Orphan Helpers Representatives harmless from and against all liability for any and all actions, damages, causes of action, suits, costs, losses, expenses, claims, demands, damages and judgments (collectively the "Losses and Claims"), which I, my spouse, family members, children, invitees, heirs, executors, administrators, successors and assignees ever had, now have or hereafter can, shall or may have resulting from or arising in connection with my travel to, attendance at or participation in Orphan Helpers events.

I acknowledge that certain legal rights against Orphan Helpers or the Orphan Helpers Representatives may be available to me now or in the future as a result of any Losses and Claims, and that by executing this waiver and release liability, my spouse and I are forever relinquishing those rights against Orphan Helpers or the Orphan Helpers Representatives. I acknowledge that no promises, representation, or affirmations or fact were made to me by Orphan Helpers or Orphan Helpers Representative concerning the safety of this event, the security precautions taken in sponsoring the event, the relative safety or danger associated with traveling to the event or participation in any activity, event, or outing related to, associated with or connected in any way to the event and affirm that I have read and understand the foregoing provisions of this waiver and release of liability as a condition to my child's attendance at this event.

Parent or Guardian's Signature: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Parent or Guardian's Signature: _____ Date: _____

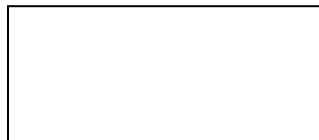
Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY TO BE VALID

Notary Signature and Date: _____

My Commission Expires: _____



SECTION ELEVEN: Background Investigation Authorization Form

(Please Read Carefully Before Signing) The personal information requested below is needed to process your background investigation. This information is intended solely for that purpose and will not be used in a discriminatory manner by the parties noted below in the making of appropriate business decisions.

Background Investigation Consent

I, _____, hereby authorize Orphan Helpers and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for employment now and, if applicable, during the tenure of my employment with Company.

I release Orphan Helpers and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used. The following is my true and complete legal name and all information is true and correct to the best of my knowledge.

Signature: _____ Date: _____

Full Name of Applicant:					
First	Middle	Last			
Other names that you have used, including maiden name and the date(s) your name(s) changed:					
First	Middle	Last			
Race:			Gender: ___ Male ___ Female		
Social Security #:			Date of Birth: (month/day/year)		
Driver's License:			State of Issue:		
Phone number where you can be reached if we have questions regarding this form:					
List all addresses for the past seven years, starting with the most recent: (Must include present address)					
Street Address	City	State	Zip Code	From Mo./ Yr.	To Mo./ Yr
Street Address	City	State	Zip Code	From Mo./ Yr.	To Mo./ Yr.
Street Address	City	State	Zip Code	From Mo./ Yr.	To Mo./ Yr..
Have you ever been convicted of a crime (Other than minor traffic offenses)? Yes ___ No ___					
If yes, Please explain Charges: (Use additional sheet of paper if necessary)					
What State, County and year did these convictions occur?					