



Relief to the Suffering...
A 501(c)(3) non-profit organization
EIN # 71-087875

www.ffcinc.org
(702) 355-8435
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INDIVIDUAL AND FAMILY APPLICATION

INSTRUCTIONS: Print this application form and fill it out. Make all checks payable to Foundation for Children in Need. Mail your completed application, together with your \$25.00 application fee, a picture of yourself (a good face shot), and a copy of your passport (if you already have one) to: **Foundation for Children in Need, 8333 Corbett St. Las Vegas, NV 89149.** Fees are determined by the length of your work trip. Please speak to a Foundation representative before filling out the application.

To ensure the safety and well-being of the children and volunteers alike, FCIN may do a background check on applicant. Applicant information is held in strict confidence. If you have any questions regarding this application form, please contact the FCIN administration online at info@children-in-need.us or by phone (702) 355-8435. Our website is: www.ffcinc.org.

PLEASE TYPE OR PRINT CLEARLY AND FILL OUT COMPLETELY.

I / We are applying for a Foundation for Children in Need work trip going to _____, to depart in _____ of _____.

Applicants on this form should have the same permanent address or use separate forms.

Individual or Head of Family Signature

Date

Individual Volunteer or Head of Family name	
Permanent home/family address	Home phone with area code / Cell Phone #
Permanent home/family address	Email address
City state zip	Emergency contact name
Name & number of physician	Emergency contacts' phone number

Additional Family Member Information

PLEASE PRINT					
Applicant Name/s (as on passport)	Current Passport?	Email Address	cell phone #	Age	birthdate

Do you or your family members that will be traveling with us have any special musical, dance or artistic talents you can share with the children and/or the community?

Do you or your family members that will be traveling with us have any language and/or professional skills that will be helpful?

HAVE YOU OR A FAMILY MEMBER THAT IS TRAVELING WITH YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? **YES** **NO**

If yes, please give full details, including the date(s) and the location(s) of the offense(s).

HAVE YOU OR A FAMILY MEMBER THAT IS TRAVELING WITH YOU EVER BEEN TRIED OR EVEN ACCUSED OF ANY TYPE OF CHILD ABUSE, NEGLECT OR ANY OTHER ILLEGAL BEHAVIOR INVOLVING A CHILD?

YES **NO**

If yes, please give full details, including the date(s) and the location(s) of the offense(s).

To ensure the safety and well-being of the children and the volunteers, the Foundation for Children in Need may perform background checks on an applicant. All of the applicant information is held in strict confidence. If you have any questions, please call us at 702-355-8435.

**Authorization to Investigate and Verify Personal Background Information
Security Clearance - Required Information READ CAREFULLY BEFORE SIGNING**

As an applicant, I voluntarily and knowingly authorize the Foundation for Children in Need to perform a background security clearance if it is deemed necessary. I hereby certify that all information I have provided on this application is true and complete. By signing below, I, the applicant, acknowledge that I have read the application form, and additional "General Information" on the web site related to FCIN volunteer program. I agree to all terms and conditions set forth by FCIN. I voluntarily, knowingly and unconditionally give the Foundation for Children in Need the right to keep my parents or next of kin updated on emergency or safety conditions that may affect me or changes in my itinerary or travel plans. I understand that FCIN has the right to accept or reject my application at it's own discretion.

Applicant's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

I have enclosed the following payments:

- \$25.00 non-refundable application fee (required with this application)
- \$800.00 Deposit (due 60 days prior to departure) The airline ticket will be purchased with this deposit. The remaining amount will be credited towards the \$1000 program fee.
- \$500.00 2nd Payment (due 45 days prior to departure)
- Payment in Full: \$_____ (due 35 days prior to departure)

Once final payment is made, all donations go into the general fund of the Foundation for Children in Need to be used at its' discretion and becomes a non-refundable donation.

2009/2010 Costs/person

Mission Trip Costs

- 1 - 7 days \$1000 + airfare (Children in Need gets your approval before booking flights)
- 8 – 14 days \$2400 + airfare to and from country (includes airfare from the DR to Haiti)



PREPARATION CHECKLIST

Forms to be completed and returned to the Foundation for Children in Need before you will be allowed to participate:

- Application form, completed in full
- Airline authorization form
- Medical release form
- Liability waiver and release form
- Volunteer Guidebook review verification (**download and read [volunteer guidebook](#) before signing**)
- Photocopy of page 1 of passport (make sure it is signed before you copy it)
- Photocopy of notarized immigration form if under age 18 and not traveling with both parents
- Survey of skills

Documentation required for travel:

- Current Passport
- International Vaccination card with yellow fever stamp
- Notarized immigration form if under age 18 & not traveling with both parents
- One other form of picture ID

Financial requirements (see budget for details):

- Application fee of \$25 (non-refundable)
- Volunteer work trip Deposit of \$500: Due 60 days prior to departure
- Second Payment of \$500: Due 45 days prior to departure
- Final payment of remaining balance: Due 35 days prior to departure (non-refundable)

Recommendations:

- Begin the Passport and vaccination process ASAP!
- Seek donations: Refer to Information and Project sheet documents found on website: www.ffcin.org
- As a group: learn fun songs to perform at the orphanages and work sites, learn some magic tricks or skits.
- Begin to gather donated supplies as directed by Rebecca or trip leader. This will be emailed to you
- Review Guidebook



RELEASE, WAIVER AND ASSUMPTION OF RISK

I, _____, the Participant or the guardian of the participant hereby voluntarily signs this Release, Waiver and Assumption of Risk in favor of The Foundation for Children in Need. The Foundation for Children in Need is hereby referred to as the Releasee. This Release, Waiver and Assumption of Risk, hereby known as the Release includes all officers, directors and employees of Releasee, as well as Releasee's successors, assigns, and legal representatives.

The Release is made in consideration of the opportunity to participate in and engage in the activities and volunteer work trip sponsored by the Releasee.

This Release binds not only the Participant and the Participant's Guardian(s) with regard to claims arising from participation in this volunteer work trip, but also the spouse, heirs, legal representatives, and assigns of the Participant and the Participant's Guardian(s).

The undersigned (1) acknowledges being informed and advised of the risks inherent in the expedition and travel to and from the work site and throughout the host country, including risks and perils of nature, primitive living conditions, isolation, wild animals, absence of medical facilities, possible death, disease, injury (bodily and emotional), personal injury, loss of property and other damages and injuries of every kind and nature; (2) acknowledges that there may also be unknown and unanticipated risks; (3) hereby waives and releases Releasee from any and all claims or damage, personal injury such as but not limited to death, acts of terrorism, Acts of God such as fire, flood, tornado, hurricane, earthquake, Acts of War, communicable diseases, injury from acts of violence, work related injuries or emotional or psychological injury or damage.

The Participant's Guardian(s) hereby give his/her/their full permission for the Participant to participate in the Volunteer Work Trip. Also, in the event that any medical attention is necessary the Participant or the Participant's Guardian(s) hereby authorize any physicians or other medical personnel involved in the Volunteer Work Trip to administer such medical or surgical treatment or carry out such procedures to be deemed necessary or advisable in the diagnosis and treatment of life threatening conditions.

The Participant or Participant's Guardian assume all responsibility for obtaining any necessary medical insurance that is active and in full force including but not limited to international medical insurance and life flight insurance.

The Releasee is granted by this Release the right to photograph or video tape the participant during the Volunteer work trip as well as to display, exhibit and utilize the photographs and or film for promotional purposes unless expressly refused in writing. unless. The Participant or Participant's Guardian(s) release Releasee from any future claims for libel, slander or any Participant and the Participant's Guardian(s) or their successors and assigns.

If any portion of this Release shall be held to be invalid under the laws of the State of Utah or any State that the Participant or Releasee is acting under, the parts that are not held invalid shall continue in full force and effect.

IN WITNESS WHEREOF, the Participant's Guardian(s) have signed this Release on:

The _____ day of _____, 20_____.

Signed Participant of legal age

Signed Name of Participants' legal guardian



Medical Release Form

Work projects of 2010

Participant Name: _____ Date: _____ 2008

Address: _____

City: _____ State: _____ Zip: _____ Home Phone: () _____ -- _____

Cell: () _____ - _____ Bus.: () _____ -- _____

Medical Information: (Please check all that apply)

Does the Participant have:

- Special diet Allergies Daily or Required Medications
 - Chronic/recurring illness Physical condition that limits activity
 - Surgery or serious illness in the past year Other medical or psychological needs / conditions
- (please explain these needs / conditions in detail below or on the back of this paper)

Permission:

In the event that any medical attention is necessary while on a work trip for the Foundation for Children in Need, the Participant or the Participant's Guardian(s) hereby authorize any physicians or other medical personnel involved in the Volunteer Work Trip to administer such medical or surgical treatment or carry out such procedures to be deemed necessary or advisable in the diagnosis and treatment of life threatening conditions.

Disclosures:

I hereby declare that I have disclosed to the Foundation for Children in Need all and complete information regarding the participants psychological and physical health that may have an effect on the participants' well-being or ability to perform or function while on the work project.

Signed this _____ day of _____, 20_____

Signature of PARTICIPANT or Participants' guardian



THIS FORM IS NEEDED FOR MINORS WHO ARE TRAVELING WITH ONLY ONE PARENT OR WITH A GUARDIAN.

To the department of Immigration:

I / We _____, hereby authorize _____
(parent / s not traveling) (name of parent / guardian traveling)

to travel to _____ with my child _____
name of country name of child

and be responsible for him/her. I / We verify by signing below in the presence of a notary that my child is traveling outside of the United States with my knowledge and full permission.

parent not traveling

notary

date

date

IF MINOR IS TRAVELING WITH A GUARDIAN, BOTH PARENTS MUST SIGN:

other parent not traveling

notary

date

date



**AUTHORIZATION for AIRLINE
RESERVATIONS: FFCIN WORK TRIP**

Submit this form to Foundation for Children in Need prior to the payment deadline

Work trip country _____ City participant will be leaving from _____

CONTACT INFORMATION for the individual or head of household.

Name _____ email _____

Home phone _____ Cell phone _____

PASSANGER INFORMATION—PLEASE PRINT

Only family members with EXACT same itinerary may use one form. Otherwise, use separate form.

Full passenger(s) name(s) as on passport

ITINERARY DESIRED DEPARTURE

Departure Date

Departure City

ITINERARY DESIRED RETURN

Return Date

Return City (usually same as departure)

I understand and agree that once I receive my/our itinerary, I must confirm with the designated agent by email prior to the ticketing deadline. I must also pay the balance in full to the Foundation for Children in Need prior to ticketing. This airfare, once approved and booked, is non refundable. I have kept a copy of this form for my records.

Signature of Participant or Head of Household

Date



Volunteer Guidebook Review Verification

I appreciate the opportunity that The Foundation for Children in Need is giving me to participate in a work project in a third-world country. I realize the purpose of this book is to help prepare me for the experiences I will have and to set forth the expectations the organization has of me.

I have read these guidelines and understand that failure to follow them may result in my being expelled from the program. Should I be sent home early, I understand that I would be responsible to bear those costs, in addition to forfeiting all donations.

I further understand that living and working in a developing country is much different than life in the United States or Canada. I realize that for my own safety and the safety of all participants, I must follow the guidelines and instructions contained in the guidebook and/or given to me by the leaders of The Foundation for Children in Need.

I have read and understand the information contained in the Guidebook. I fully commit to abide by the standards herein outlined at all times during my participation in the work project. I have read and understand that failure to follow these guidelines or directions given me may result in my being assigned to stay with a leader at all times, and/or I could be sent home immediately. Should I be sent home early, I understand that I (or, if I am a minor, my Guardians) would be responsible to bear those costs, in addition to forfeiting all donations paid to participate in the work project.

I understand that the possession of, or involvement with, any illegal drugs, contraband or activity is prohibited. If arrested in a third-world country, I should not expect any assistance from the U.S. Government or the Foundation for Children in Need.

I understand that I must be able to live, for the designated period of time, away from home and without assistance while providing for my own basic needs.

I do not have any significant physical or mental challenges or constraining behavioral conditions that would affect my participation in any way during this project that I have not disclosed to the Foundation for Children in Need.

I acknowledge all of the above this _____ day of _____, 20_____.

Signature of the Participant

If under 18, please have your parent or guardian read and sign the following:

I, _____ (please print) the parent or guardian of _____ (please print) declare that I have reviewed the guidelines contained in the guidebook with my son / daughter and we fully understand the requirements for their participation. We have further discussed the consequences of inappropriate behavior, including the possibility of being sent home early. I understand our responsibility to pay the fees associated with an early departure. I too have read and understand these guidelines.

Signed this _____ day of _____, 20_____

Parent or Guardian



Survey of Skills

Name of Volunteer: _____ Age if under 21: _____

I am limited in what I can lift (limitation of _____ lbs)

I have traveled outside of the United States/Canada 1 to 3 4 or more times

I speak a second or third language – It is/ they are: _____ and _____

My preferred shirt size is: x-large -- large -- medium -- small

Do you have any food restriction or allergies? NO YES – If YES please explain:

I regularly drive a standard transmission (stick shift) vehicle YES NO

I have skills in the following areas:

Basic Skills (BS) – Moderate Ability (MA) – Skilled/Journeyman (SJ) – Licensed Contractor (LC)

Footings / Foundations

Masonry – Block

Wood Framing

Gardening

Tile (Floor/ bathroom walls)

Landscaping

Flat Cement Work

Plumbing

Finish Carpentry

Poultry

Painting

Roofing

Electrical

Plaster

Fruit Trees

Inverters

Water Ponds

Installing:

Doors

Plumbing Fixtures Windows

Electrical Fixtures

Counter Tops

Water Pumps

Other: I have skill in the following areas (check)

First Aid

Photography

CPR

Other Medical Training

Music

Art

Dance

Sports (list what sports:

_____)

Sewing

Jewelry making

Other small business skills

(explain: _____)