

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). Email explanation to rmaesato@yahoo.com

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) and email explanation to rmaesato@yahoo.com .

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 FFCIN volunteer program. I agree to all terms and conditions set forth by FFCIN. 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 FFCIN 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)
- Other: _____ (prior arrangement made with FFCIN)

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.

2010/2011 Costs/person

Mission Trip Costs

1 - 7 days \$1000 + airfare (Children in Need gets your approval before booking flights.)



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

www.ffcinc.org
 702-355-8435
 011-509-(3)797-1833

**RELEASE, WAIVER AND ASSUMPTION OF RISK
 FFCIN Mission Trips 2011**

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 _____, 200_____.

 Signed Participant of legal age

 Signed Name of Participants' legal guardian



Foundation
FOR Children
IN Need

Medical Release Form
Work projects of 2011

Participant Name: _____ Date: _____ 2011

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 _____, 2011.

Signature of PARTICIPANT or Participants' guardian



Foundation
FOR Children
IN Need

Foundation for Children in Need

AUTHORIZATION for AIRLINE RESERVATIONS: FCIN 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

Clear

Submit