



16352 Prairie Farm Circle
Parker, CO 80134
P: (303) 840-1123
F: (509) 693-3285
info@worldorphanrelief.org
www.worldorphanrelief.org
www.worldorphanrelief.blogspot.com

Dear Prospective Team Member:

We are so excited that you are considering being involved with our organization by participating in the mission field. Our prayer is for you to be encouraged to pursue serving others. We are honored that you may be considering World Orphan Relief as an avenue for this endeavor.

This process is more so to get to know you and to confirm that you will be a fit for the team you are considering. We also want to use this information to insure your health, comfort, and safety.

For long-term missions projects there is an interview process. This process also helps us gauge whether your talents will fit within the team; either way -we will keep this information on file and keep you in mind for future service opportunities.

May the Lord's grace and wisdom be upon you as you consider how you might best serve His Orphans of this world.

Blessings,

WOR Staff

Guide to Completing Application Process

All information will be kept confidential

Step 1: For all mission outreaches

Missions Application and \$50.00 tax-deductible donation to World Orphan Relief.

Step 2: For all missions out of the country

The Travel Data Form

Walk-Background Form

The Health Form

Sign Liability Release

Step 3: For all missions longer than 4 days

The Why Document – 5 pages or less explain your reasons for taking this trip; include expectations, purpose, hopes, and fears.

Interview Process – via phone, in person if convenient, WOR staff will spend additional time with you asking and answering questions.

Once selected for the team a \$250.00 tax-deductible donation to World Orphan Relief is required. This will be counted toward your total trip expense.

Additional Items:

Valid Passport. Must be valid up to six months past the date of return.

Four passport/visa photos may be required, your team leader will confirm this.



Mission Application

Mission and Travel date: _____

PERSONAL DATA:

Name as it appears on passport: _____

Nickname: _____

Address: _____

Email: _____

Work Ph: _____ Home: _____

Cell: _____

Date of Birth: _____ Male: _____ Female: _____

In case of an emergency contact: _____

Address: _____

Work Ph: _____ Home: _____

Cell: _____ Relationship: _____

Email: _____

Marital Status: _____ Children at home? _____

Names & Ages: _____

Have you ever been accused or convicted of a crime? _____

If yes, please explain circumstances and current status: _____

TRAVEL DATA FORM

Do you have a current passport? _____ If No, have you applied? _____

Passport #: _____

Expires: _____ State of Issue: _____

Have you ever traveled out of the country? _____

Was it Missions related? _____

Where and When: _____

If it was missions related how did you serve?

Do you speak any foreign languages? _____

What languages and how well? _____

WALK – BACKGROUND INFORMATION FORM

Briefly describe the following in your life (Use the back of the sheet in necessary). It is not required that you have professed Jesus Christ as Lord to be on a WOR Missions Team, however, it is important that we know where you stand. In addition, it is important that you do not hold an adversarial point of view or one that would be in direct conflict to our founding principles.

This information is not for public consumption, and will not be used in your group for discussion purposes. The only person that should be made aware of this is your Team Leader.

Have you reviewed the Statement of Faith provided by WOR and are you in agreement? _____

Describe your daily walk with the Lord:

Describe any other spiritual experiences that have been significant to your life:

HEALTH FORM

You may require a doctor's release to travel overseas

Full Name: _____

D.O.B _____ AGE: __ Height: _____ Weight: ____ Blood Type: _____

When did you last have a complete physical Exam? Year: _____

How do you appraise your present health?

Excellent Good Below Par

Have you ever been treated for any major physical ailments? If so, please specify what and when:

Do you have any chronic or recurring health problems? If so, please specify;

Do you have a condition that requires a special diet? Please explain:

Do you have any of the following? (Please circle)

Allergies Asthma Diabetes Migraines Stomach upsets

Heart condition Dizziness Hi/Low Blood pressure

Other health issues:

Are you currently under-going medical treatment or taking prescription medication? Please specify type and use:

Will you be taking this medicine on the trip?

Have you suffered from or received treatment for emotional or mental illness? If so, please explain:

HEALTH FORM Page 2

In case of an emergency what doctor should be contacted?

Name: _____

Address: _____

Phone: _____

Do you have travelers Insurance? (If you will be getting this, please provide the necessary information and a copy of your travel policy upon receipt)

Name of Company: _____

ID # or Code for insurance purposes: _____

Contact Info: _____

In case of an emergency, I hereby authorize any necessary medical treatment by proper medical personnel in the country that I am visiting.

Signature: _____

Date: _____

ASSUMPTION OF RISK, RELEASE, WAIVER OF CLAIM AND INDEMNITY

(To be filled out by participants age 18 and over)

***WARNING: THIS DOCUMENT AFFECTS LEGAL RIGHTS,
INCLUDING YOUR RIGHT TO SUE, AND CREATES LEGAL
RESPONSIBILITIES. PLEASE READ CAREFULLY.***

**TO: WORLD ORPHAN RELIEF ("WOR"), 16352 Prairie Farm Circle,
Parker, CO 80134**

In consideration of WOR, and any affiliates to include World Orphan Relief – Zambia, accepting my application for, and allowing me to participate in, an excursion to Zambia being organized by WOR, and which is expected to begin on or about _____ and for the sum of \$_____, and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I, _____, agree to the terms of this Assumption of Risk, Indemnity, Waiver of Claim and Release (collectively the "Agreement"). In particular:

1. Assumption of Risk. I acknowledge and agree that participation in the Excursion involves potential dangers, risks, and hazards (the "Risks") that include, but are not limited to:
 - a. Death or injury occurring through vehicle accidents during transportation between various communities.
 - b. Death, injury or illness from consumption of unsanitary food and water.
 - c. Death or illness due to the contraction of a communicable disease.
 - d. Death, injury or personal loss incurred as a result of political instability, criminal violation, and hostile environments.
 - e. Death, injury or personal loss incurred as a result of a hurricane, volcanic eruption, an earthquake, or other type of natural disaster.

I FURTHER ACKNOWLEDGE AND AGREE THAT my participation in the Excursion is entirely at my own risk and that I freely accept all the inherent risks of participating in the Excursion and the possibility of personal injury, death, kidnapping, property damage and loss resulting there from.

I FURTHER ACKNOWLEDGE AND AGREE THAT WOR's acceptance of my involvement as a participant in the Excursion does not and will not make me an agent, contractor or employee of WOR, and WOR will not be obliged to assume any responsibility for my welfare in the event of my detention by lawful or unlawful means and that WOR's policies prohibit WOR from submitting to any form of extortion to obtain my release or otherwise ensure or protect my safety or well being if I am taken hostage or otherwise victimized during the Excursion.

2. Release and Waiver of Claim. I WAIVE ANY AND ALL claims I may now, and in the future, have against, and release and discharge from all liability, and agree not to sue, WOR, its member, directors, officers, employees, volunteers, agents, representatives, and each of them and their respective agents, executives, administrators, representatives, heirs, successors and assigns (the "Releasees"), with respect to any and all liability, costs (including legal costs), claims, damages, demands, actions and causes of action of whatever kind which might arise from or in connection with my participation in the Excursion including, without limitation, any personal injury, illness, death property damage, or financial loss or other loss suffered by me or any of my family members or dependants, arising, directly or indirectly, from my participation in the Excursion, whether foreseen or unforeseen and regardless of the cause thereof including, without limitation, negligence or partial negligence on the part of the Releasees or any of them but excluding willful misconduct;

I FURTHER ACKNOWLEDGE AND AGREE that WOR, without limitation, may use, publish, reproduce, broadcast, transmit, televise, record, sell, distribute and display any written accounts or depictions, motion and or still pictures or other materials in which I may appear or be mentioned or included, in regard to the Excursion and I waive and release any right or claim I may have to receive any compensation or reimbursement in regard to any of the foregoing, whether I was involved in the creation or production of any of such regardless of whether any obligation arises under or by virtue of statute or otherwise.

3. Indemnity. I AGREE to hold harmless and to indemnify the Releasees for any and all claims made against any of the Releasees by any person, including any claim or action by or on behalf of my spouse or dependents, for damages suffered or costs incurred arising out of or related to any aspect of my participation in the Excursion, including, without limitation, any of the matters described or contemplated in Clause 2 hereof.
4. Understanding. I DECLARE that I have had the opportunity to seek independent legal advice with respect to the matters addressed in this Agreement, that I fully understand the terms of this Agreement and that I have not been influenced by any representations or statements made by or on behalf of WOR not recorded in this document. I CONFIRM THAT I am the full age of 18 years and I have read and understood the Agreement prior to signing it and I agree that the Agreement will be binding upon my heirs, next-of-kin, executors, administrators and successors. I am aware that by signing this Agreement I am releasing and waiving certain legal rights, including the right to sue and to be awarded potentially substantial damages, which for my heirs, next-of-kin, executors, administrators and assigns have or may have against the Releasees.

5. Jurisdiction and Choice of Law. I AGREE that this Agreement shall be governed by and interpreted in accordance with the laws of the State of Colorado, in the nation of the United States of America, and that the parties hereby attorn to the exclusive jurisdiction of the Colorado courts.

6. Complete Agreement. I UNDERSTAND AND AGREE that this Agreement contains the entire agreement between WOR and me, and that the terms of this Agreement are contractual and not merely a recital.

DATED at _____, this _____ day of _____, 200__

Participant Signature

Witness Signature

Witness Signature

Mailing Address

E-mail Address

In case of emergency, contact person

Emergency contact telephone number