



READ THIS CAREFULLY

Everyone must fill out a complete Orphan Resources International (ORI) application. Each time you travel you must submit:

1. Application Form
2. A completed Skills & Experience form
3. ORI Code of Conduct
4. A signed Release and Waiver of Liability
5. Signed and Notarized Parental Consent Form (for those who travel under 18)
6. Medical and History Release Form
7. A signed Covid Policy Form

I. PASSPORT COPY

We must have a copy of the information page of your passport, as well as be able to see the face clearly. Please check your passport expiration date. Your passport must be valid for at least 6 months after your expected return date.

II. RELEASE AND WAIVER OF LIABILITY

EVERYONE must sign a Release of Liability before departing on every mission trip sponsored by ORI.

III. DEPOSIT

A non-refundable \$200 deposit per person is due along with your application. Please make your check payable to Orphan Resources International or ORI and mail in along with your application to our office at 152 Horse Happy Road Newmanstown, PA 17073. Please clearly mark your work trip dates in the memo line.

Please complete and return these forms promptly. Deposits and applications are due 3 months prior to your scheduled trip.

Orphan Resources International

Short Term Missions

Team Member Application

Each person should complete a separate form, providing all information that is relevant to you. If you are under 18 and not traveling with a legal guardian, you will need to have your legal guardian fill out a consent form. This information will not be shared with any other organization and is used solely for the purpose of ORI.

<ul style="list-style-type: none"> • Please type or print neatly. • Attach a Photocopy of your PASSPORT INFORMATION PAGE. 			
Trip Date: / /			
Are you a US Citizen?	Yes	No	If not, what is your citizenship?
Do you have a current passport?	Yes	No	
Passport Number:	Expiration Date:	/	/
Passport Name (include exactly as printed in your passport)			
LAST:	FIRST:	MIDDLE:	
ADDRESS:			
CITY:	STATE:	ZIP:	
HOME PHONE: ()	WORK PHONE: ()		
CELL PHONE: ()	FAX PHONE: ()		
EMAIL:			
DATE OF BIRTH: / /			
Home Church Name:		Pastor's Name:	
Church Address:	City:	State:	Zip:

Skills & Experience

Name: _____

Have you been on a Missions Trip before? YES NO

When and Where?

Type of team?

Which Organization?

Do you speak any other languages? (specify) Are you fluent?
 Yes No Yes No

PLEASE CHECK THE AREAS WHERE YOU HAVE SKILLS OR EXPERIENCE

<p>ADMINISTRATION</p> <p>___ Management ___ Office / Clerical ___ Human Resources ___ Purchasing ___ Inventory Control ___ Transport / Shipping ___ Logistics</p> <p>COMMUNICATIONS</p> <p>___ Photography/Video ___ Press Relations/Journalism ___ Graphic Arts / Designing ___ Print/Website Production ___ Public Relations ___ Fundraising</p> <p>FINANCES</p> <p>___ Accounting ___ Bookkeeping/Data Entry ___ OTHER Describe _____</p>	<p>MINISTRY SKILLS</p> <p>___ Dramatic Presentation ___ Proclamation / Teaching ___ Pastoral Care/Counseling ___ Worship / Music Ministry ___ Other Ministry types Describe _____</p> <p>EDUCATION</p> <p>___ Teaching Describe _____</p> <p>___ Nanny</p> <p>HEALTH CARE</p> <p>___ Medical Describe _____</p> <p>OTHER</p> <p>___ Describe _____</p>	<p>CONSTRUCTION</p> <p>___ Concrete Work ___ General Construction ___ Electrician/Plumber ___ Mechanic ___ Cabinetmaker/Carpentry ___ Grounds Maintenance ___ Waste Water Management ___ Welding/Steel work</p> <p>TECHNICAL / ENGINEERING</p> <p>___ Computer Skills Describe _____</p> <p>___ Electronics Technician ___ Telephone Technician ___ Sound Technician</p> <p>AGRICULTURAL & SERVICE INDUSTRY</p> <p>___ Farming/Animal Husbandry ___ Catering / Food Preparation ___ OTHER Describe _____</p>
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ORI CODE OF CONDUCT

As a Christian organization our witness is very important. The use of illegal drugs, alcohol, or tobacco products is strictly prohibited throughout the trip. No form of abuse and/or sexual harassment of any kind will be tolerated. Appropriate action will be taken in every situation.

ORI reserves the right to send any team member home at their own expense, if there is an infraction of the rules or if deemed necessary by the ORI Field Coordinator in order to protect the safety, witness and work of the ministry within the country. You will be responsible for any costs incurred by your actions. Thank you for your courtesy and corporation with ORI's rules and the local customs of the country.

I/we agree to support this code of conduct while volunteering with ORI.

APPLICANT'S SIGNATURE

DATE

PARENT'S SIGNATURE (If under 18)

DATE

Release and Waiver of Liability
(Must be signed by traveler)

This release and waiver of Liability Executed on this _____ day of _____, 20____,
(month)
by _____, in favor of ORPHAN RESOURCES INTERNATIONAL, a
(volunteer)
Pennsylvania 501C3 non-profit corporation, its directors, officers, and agents.

Waiver of Release: I do hereby release and forever discharge and hold harmless Orphan Resources International and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from my work with Orphan Resources International.

I understand and acknowledge that this Release discharges Orphan Resources International from any liability or claim that I may have against it with respect to any bodily injury, personal injury, illness, death or property damage that may result from my work with Orphan Resources International, whether caused by the negligence of Orphan Resources International or its officers, directors, volunteers, agents or otherwise. I also understand that Orphan Resources International does not assume any responsibility for or obligation to provide financial or other assistance, including but not limited to medical, health, or disability insurance, in the event of injury or illness.

Assumption of risks: I have chosen to work as an Orphan Resources International volunteer and engage in the activities related to being a volunteer. I understand that the activities may include physical labor, heavy lifting, and other strenuous activity; and that some activities may take place on ladders and framing other than ground level, and may entail risk of physical injury or death, and that I may be exposed to other hazards including by way of illustration but not limitation: Public transportation by air and land, diseases, viruses due to eating foreign foods and water, household cleaning chemicals, and operating power tools. I also understand that any and all airfare purchased by Orphan Resources International is non-refundable and will require payment no matter what the circumstances.

Medical Treatment: I do hereby release and forever discharge Orphan Resources International from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with my work with Orphan Resources International.

Accommodations: I understand that Orphan Resources International is not responsible or liable for my personal effects and property and that Orphan Resources International will not provide lock up or security for any items. I will hold Orphan Resources International harmless in the event of theft or for loss resulting from any source or cause. I further understand that I am to abide by whatever rules and regulations that may be in effect for the accommodations at that time.

Photographic Release: I do hereby grant and convey unto Orphan Resources International all right, title and interest in any and all photographic images and video or audio recordings made by Orphan Resources International during my work trip, including , but not limited to any proceeds, or other benefits derived from such photographs or recordings.

On behalf of myself, my estate, and the personal representative thereof, my heirs and assigns, I hereby release, discharge, indemnify and forever hold Orphan Resources International together with their officers, agents, and volunteers harmless from any and all causes of action arising from my participation in this project, travel, and lodging associated therewith, including any damages which may be caused by their negligence.

IN WITNESS WHEREOF, I have executed the release as of the day and year written above.

Witness: _____ Volunteer: _____
(Sign) (Sign)

Witness: _____ Volunteer: _____
(Print) (Print)

Parent/Guardian: _____ Parent/Guardian: _____
(Sign) (Print)

If traveling under the age of 18 parent/s must sign too.

Parental Consent

I/we the parents of the following minor _____ have full knowledge of our son\daughters travel plans and do hereby express our consent on this _____ day of _____, 20____, for our child to travel internationally to Guatemala Central America and serve there for the period of time beginning _____ and continuing until_____. Should an accident or illness occur during this time, we also give our full permission to allow medical treatment or medication deemed necessary by the attending physician to be administered to our child.

Address of Parent/Legal Guardian: _____

Phone: _____/_____/_____ Cell: _____/_____/_____
Email: _____

Parent/Legal Guardian: _____ (Print) _____ (Sign)

Parent/Legal Guardian: _____ (Print) _____ (Sign)

Taken, sworn (or affirmed) and subscribed before me this _____ day of _____, 20____

SEAL

DATE

Medical and History Release Form

Travelers Information

Travelers Name _____

Date of Birth _____

Parent or Guardian Name _____ (If traveler is under 18)

Daytime Phone _____ Evening Phone _____

Emergency Contact (in case parent or guardian cannot be reached)

Name _____

Phone _____

Medical Information

Medical History (Please check and put approximate dates to items applying to you or your child traveling)

Hay fever _____

Fainting Spells _____

Diabetes _____

Bronchitis _____

Ear Trouble _____

Convulsions _____

Asthma _____

Heart Trouble _____

Tetanus booster _____ Date _____

Serious Poison Ivy, Oak, or Sumac _____

Severe Menstrual Cramps _____

Allergic Reactions

Bee Stings _____ Penicillin _____ Other _____

Surgery within the past two years? Attach explanation _____

Other pertinent information? _____

List medications that you are currently taking _____

Insurance Company and Policy Number _____

Travelers Signature _____ Date: _____

ORI COVID POLICIES

Travel and Testing:

- A negative COVID PCR or Antigen test within 72 hours before travel is required for entry into Guatemala. You can also present proof of vaccination (two doses received more than 14 days before travel date) in place of a COVID test. You are responsible for arranging your Covid test and for any costs related to obtaining your test in the US prior to travel.
 - If you would test positive you will not be permitted to travel to Guatemala. If you are unable to travel, there is no guarantee of a refund for your trip and there is no refund for your airfare. You are responsible for all costs already incurred for your trip.
 - There are currently no requirements for testing or vaccination for reentry into the US
- You may be required to wear a mask throughout the airports and during each international flight.

ORI Policies and Policy changes:

- You will be required to follow all regulations regarding masks, social distancing, etc. while in Guatemala and in the orphanages. Any requirements will be relayed to you by our staff.
- Orphan Resources International is not responsible for changes in travel requirements issued by the CDC, Guatemala, or the US that affect your trip. If changes in requirements lead to the cancellation of your trip you will still be responsible for all costs related or already incurred for your trip. There will be no guarantee of any refund for your trip and any refunds/vouchers for airfare are determined by the airlines.
- Orphan Resources International maintains the ability to cancel your trip at any time if we feel changes in regulations and restrictions make it unadvisable or not feasible to travel.
- Travel requirements may change before your scheduled trip and ORI may request additional information from you as needed.

I acknowledge that I have read all the information above and understand the requirements. I understand that I am responsible for any additional costs for my trip and there is no refund for the trip costs or airfare if I am unable to travel or if there would be a cancellation of my trip.

APPLICANT'S SIGNATURE

DATE

PARENT'S SIGNATURE (If under 18)

DATE