



INTERNATIONAL VOLUNTEER APPLICATION

Email: Shannon.Hollanitsch@GodsChild.org | www.GodsChild.org

APPLICANT INFORMATION

First Name: _____ Middle: _____ Last: _____

Phone: _____ Email: _____

VOLUNTEER PARTICIPANT REQUIREMENTS, DISCLOSURE & WAIVER

This Release and Waiver of Liability (the “Release”) by _____ (“the Volunteer”) in favor of The GOD’S CHILD Project, La Asociación Nuestros Ahijados de Guatemala, La Asociación Nuestros Ahijados de El Salvador, DAYA (The Destitute, Aged and Young Association) Orphanage, Mwana wa Mulungu Project, their directors, officers, employees and agents, all collectively known hereafter as “The Project”.

The Volunteer is voluntarily participating with The Project and engaging in activities related to being a volunteer supporting The Project’s mission, operations and programs. While participating in The Project’s Volunteer Program the Volunteer is doing so with The Project’s partner organization of that country (and not with The GOD’S CHILD Project). The Volunteer does hereby freely, voluntarily, and without duress execute this Release under the following terms:

The Volunteer has read this document, all rules and policies of the Volunteer Program in their entirety in the Volunteer Guidebook. The Volunteer understands and will cooperate with each item listed. The Volunteer will abide by the rules, regulations, and requests set forth by The Project. The Volunteer understands that the following is in place to ensure for the safety and well-being of all involved and that any misinformation or failure to follow policies and regulations may be cause for disqualification from the Volunteer Program and being sent home at the Volunteer’s expense.

The Volunteer agrees to not hold The Project liable or responsible from any damage to or loss of personal property, sickness or injury, which may occur while participating with The Project. The Volunteer understands that The Project will take practical precautions to minimize the chances of any incident occurring during the volunteer experience and endeavours to seek appropriate assistance, if and when needed, but will not be held responsible or liable.

The Volunteer must comply with applicable state, local and national laws regarding actual, alleged, or suspected sexual misconduct, harassment, and assault and with the procedures outlined within the Volunteer Program.

The Volunteer understands that there is a Zero Tolerance Policy regarding possession and use of drugs or other illegal substances, regardless of age, gender, culture, etc.

The Volunteer understands that from time to time, Volunteer Program participants may appear in photographs, videotapes, and publications on behalf of The Project. In consideration of participation in the Volunteer Program, The Volunteer grants full permission to The Project and/or the agents authorized by them to make and use any such record for publication, public relations, and/or advertising purposes, without limitation, reservation or any additional compensation.

As of January 1, 2012, prospective international volunteers with The Project are required to complete a criminal background check prior to being accepted as a volunteer. This is strictly for the safety of The Project's staff, volunteers, and the children we serve through The Project programs. The Project will obtain a consumer investigative report on you in connection with your application for volunteer purposes as applicable as defined under the Fair Credit Reporting Act. These background reports may be obtained after receipt of your authorization and if you are engaged by The Project, throughout your Volunteer Program.

_____ **Initial Here**

One Source The Background Check Company, a consumer reporting agency, will obtain the report for The Project. One Source is located at 10842 Old Mill Rd #6, Omaha, NE 68154, and can be reached by calling (800) 608-3645. The report may contain information bearing on the Volunteer's character, general reputation, personal characteristics, mod of living and/or credit standing, The information that will be included in the Volunteer's report include: *credit reports, social security number trace, criminal records checks, public court records checks, driving records checks, educational records checks, verification of employment positions held, licensing and certification checks.* The information contained in the report will be obtained from private and/or public record sources, including sources identified by the Volunteer in the application or through interviews or correspondence with the Volunteer past or present co-workers, neighbors, friends, associates, current or former employers, educational institutions or other acquaintances. The Volunteer has the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report.

Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for volunteering is an investigation into the Volunteer's education, employment history, and/or criminal records search. Provided to the Volunteer with this authorization is a Summary of Your Rights Under the Fair Credit Reporting Act in a form prescribed by the Federal Trade Commission in Appendix 1. California, Minnesota, and Oklahoma applicants or residents: The Volunteer has a right to request a free copy of your report if one is ordered.

Please check this box to receive an emailed copy of the report:

AUTHORIZATION

I understand my financial commitments to this program. Upon my submission of my application, I am expected to pay any and all application and background fees to be considered an eligible candidate to volunteer with The Project. These fees are non-refundable. After being accepted as a volunteer, I am expected to pay all program fees prior to departure. I must give no less than 30 days notice of any cancellations. If I do not give proper notice, I understand I am held responsible for any and all fees incurred from my cancellation. This is including, but not limited to, my daily rate fee, host family stay, airport transfers, weekend excursion, etc. Exceptions may be made in cases of extreme emergency by the discretion of The Project leadership. Fees are non-transferable, and expire 1 year after payment.

I have carefully read and understand the requirements, disclosure and authorization. I have had the opportunity to review my rights. By my signature below, I consent to the preparation of background reports and to the release of such reports to The Project and its designated representatives for the purpose of assisting the organization in making a determination as to my eligibility for volunteer assignment or other lawful purposes. I understand that nothing herein shall be construed as an offer of volunteer contract. I hereby authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal/state/local), motor vehicle record agencies, my past or present employers, the military, and other individuals or sources to furnish any and all information on me that is requested by the consumer reporting agency. By my signature (including electronic) below, I certify the information provided on and in connection with this form is true, accurate, and complete. I agree that this form in original, faxed, photocopies or electronic form will be valid. I will uphold all policies, procedures and expectations by The Project. I agree to abide by any decision of The Project relative to my ability to safely complete this experience. I assume all risks associated with participating with this program. I understand The Project can end my Volunteer Program for any reason. I also recognize that The GOD'S CHILD Project is merely making this Volunteer Program available to me.

The information below is being collected to conduct the background screening process. It will not be used for any other purpose. The background check cannot be completed without starred information.

***First Name:** _____ **Middle:** _____ ***Last:** _____

***Date of Birth (mm/dd/year):** ____/____/____ **Age:** ____ **Gender:** Male Female

***Social Security Number:** ____ - ____ - ____ **Passport Number:** _____

***Current Address:**

Signature of Applicant **Date**

A parent/guardian signature is required if the Volunteer Program participate is under the age of 18 or still in high school. During my child's Volunteer Program participation, my child will be volunteering with The Project's partner organization of that country (i.e. while volunteering in Guatemala the Volunteer is volunteering with La Asociación Nuestros Ahijados de Guatemala, etc.). This is a volunteer, individual choice activity. In consideration of the polies, requirements and waiver above, I agree to allow my child to participate as a volunteer with The Project and authorize all activities included in the program.

Signature of Applicant's Parent/Guardian **Date**

Signature of Applicant's Parent/Guardian **Date**

PERSONAL SAFETY, PROPERTY DISCLOSURE, AND RELEASE

Guatemala is a beautiful country and we are confident you will never forget your time here. However, it is also a nation plagued by a relatively high crime rate, occasional civil unrest, and periodic travel advisories/warnings issued by the US State Department. All visitors to Guatemala are encouraged to contact the US State Department at (202) 647-5225 or www.state.gov prior to their trip.

During your ServiceTeam Experience, it is important that you practice common sense in caring for yourself and your personal property. There is a risk that you could be injured during your trip to Guatemala, that you could become sick, or that you could lose some or all of your personal property. You could be the victim of a crime, or could be involved in an automobile or other type of accident. You will need to take every practical precaution to ensure that your ServiceTeam Experience will be safe and enjoyable, and understand that something harm could still come to you or to your personal property.

If you choose to join this ServiceTeam trip to Guatemala, you are making this choice freely, at your own risk, and without receiving any guarantees about your personal safety or the security of your personal property. You agree to assume all risks and to release your ServiceTeam group, any charity or individual that you or your ServiceTeam group has communicated with or will be volunteering with, including The GOD'S CHILD Project and La Asociación Nuestros Ahijados, from any and all responsibility and liability while you are traveling to, from, or within Guatemala.

Applicant's Full Name (please print clearly)

Parent/Guardian's Full Name (if applicable)

Signature of Applicant

Signature of Applicant's Parent/Guardian (if applicable)

*****THIS DOCUMENT MUST BE NOTARIZED*****

Sworn and subscribed before me on:

Date

State

Country

Notary Public's Signature

My commission expires on (mm/dd/year): _____

PERMISSION FOR ENDORSEMENT

**721 Memorial Highway
Bismarck, ND 58504
701-255-7956**

I hereby give The GOD'S CHILD Project and / or La Asociación Nuestros Ahijados or their agents the unqualified right to publish, print and reproduce the following endorsement in whole or in part which includes my name, city, state, and country and occupation for any commercial, public or private use.

The following statement is an endorsement of the program I have just participated with and is a true and factual representation, which I have read and understand, of my experience and feelings.

Signature

Date

Name (please print)

City

State

Occupation

Sworn and subscribed before me, a notary public, in and for the:

Country

State

On today's date (mm/dd/year): _____

And acknowledge the execution of this agreement, and witness my hand and official seal by:

Signature

Date

My commission expires on (mm/dd/year): _____

CONSENT TO RELEASE INFORMATION

I, _____, do hereby grant permission for **The GOD’S CHILD Project and Asociación Nuestros Ahijados** to release the report(s), summaries, or other information regarding _____’s time spent volunteering with The GOD’S CHILD Project and Asociación Nuestros Ahijados.

This information is to be released to:

Name (Last, First)	Telephone Number	Address	Relationship

Signature or Mark

Date

Signature of Witness (if mark)

Printed Name of Witness (if mark)

If other than individual named above, relationship

UPON COMPLETION

- Please send in these **completed forms** to Shannon.Hollanitsch@GodsChild.org
- Please include a **photocopy of your passport**.
- Please pay your required **\$145 (per applicant) as non-refundable Volunteer Application & Background Check Fee online** or by postal mail to:
The GOD’S CHILD Project P.O. Box 50668, Minneapolis, MN 55405
- Please make checks payable to **“The GOD’S CHILD Project”**

Thank you! We look forward to having you serve with us.

The GOD’S CHILD Project Minneapolis
P.O. Box 50668
Minneapolis, MN 55405
Tel. (612) 351-8020
Fax (763) 432-7125

The GOD’S CHILD Project Bismarck
P.O. Box 1843
Bismarck, ND 58502
Tel. (701) 255-7956
Fax (701) 222-0874

APPENDIX 1: BACKGROUND CHECK ADDITIONAL INFORMATION

Additional State Law Notices

If you are a California, Maine, New York, or Washington state applicant, employee, or contractor, please also note:

CALIFORNIA: Pursuant to section 1786.22 of the California Civil Code, you may contact Intelius Screening Solutions during normal business hours (9am to 5pm Pacific Standard Time, Monday through Friday) to obtain and review all information in your file. You may obtain such information by appearing in person at Intelius Screening Solutions' offices, during normal business hours and upon reasonable notice, and upon submitting proper identification and paying the costs duplication services. You may be accompanied by one other person, provided that person furnishes proper identification. You may also obtain a copy of your file by certified mail, if you have previously provided identification in a written request that your file be sent to you or a third party identified by you. You may also obtain a summary of your file by telephone, upon providing proper identification. Intelius Screening Solutions has trained personnel available to explain your file to you, including any coded information.

MAINE: You have the right, upon request, to be informed of whether an investigative consumer report was requested, and if one was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from the organization, within five business days of our receipt of your request, the name, address, and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such agencies copies of any such reports.

NEW YORK: You have the right, upon request, to be informed of whether an investigative consumer report was requested, and if one was requested, the name and address of the consumer reporting agency furnishing the report. At the time you consent to the organization obtaining a report you are entitled to receive a copy of Article 23-A of New York Correction. Do not sign your consent until you receive a copy of that law.

WASHINGTON: If the organization requests an investigative consumer report, you have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from the organization a complete and accurate disclosure of the nature and scope of the investigation requested by the organization. You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security Number. In many cases, the disclosure will be free. You are entitled to a free disclosure if:

- A person has taken adverse action against you because of information in your credit report;
 - You are the victim of identity theft and place a fraud alert in your file;
 - Your file contains inaccurate information as a result of fraud;
 - You are on public assistance;
 - You are unemployed but expect to apply for employment within 60 days.
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- In addition, after September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.FTC.gov/credit for additional information.

- You have the right to ask for a credit score. Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions you will receive credit score information for free from the mortgage lender.
- You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures. x Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information. Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- Consumer reporting agencies may not report outdated negative information. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need –usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access. You must give your consent for report to be provided to employers. A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information visit www.ftc.gov/credit. x You may limit “prescreened” offers of credit and insurance you get based on information in your credit report. Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- Identity theft victims and active duty military personnel have additional rights. For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General.	
Federal Enforcers are: Type of Business	Contact:
Consumer reporting agencies, creditors and others not listed below.	Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word “national” or initials “N.A.” appear in or after bank’s name).	Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 1-877-382-4357
Savings associations and federally chartered savings banks (word “Federal” or initials “F.S.B.” appear in federal institutions name)	Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 1-877-382-4357
Federal credit unions (words “Federal Credit Union” appear in institution’s name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 1-800-842-6929
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 1-202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator – GIPSA Washington, DC 20250 1-202-720-7051