



FOR OSSO USE ONLY  
(background checks):  
\_\_\_\_ Application Fee  
\_\_\_\_ National Warrants  
\_\_\_\_ Criminal  
\_\_\_\_ Identity Report  
\_\_\_\_ Employment  
\_\_\_\_ Personal References

# SHORT-TERM VOLUNTEER APPLICATION

**INSTRUCTIONS:** Print this application form and fill it out per instructions. Prepare a personal check, cashier’s check or money order in the amount of \$50.00 USD. Make all checks payable to Orphanage Support Services Organization (OSSO).

An application and application fee is required for each person over the age of 12 (however, for immediate family members visiting a currently serving volunteer, only one application fee per “group” is required).

Individuals under the age of 18 at the time of travel must travel with an adult relative or responsible adult, with advance written permission to OSSO from a parent if no parent is accompanying them. *Those for whom this applies are responsible for fulfilling airline and foreign travel requirements for doing so.*

Mail your completed application, together with your application fee and a **current** picture of yourself (optional but preferred) to: OSSO, P.O. Box 345, Rexburg, ID 83440, USA.

To ensure the safety and well-being of the children and volunteers alike, OSSO does a background check on all applicants. Applicant information is held in strict confidence.

If you have questions, please contact OSSO at [info@orphanagesupport.org](mailto:info@orphanagesupport.org) or at (208) 359-1767.

**The information that’s requested on a separate sheet of paper should be printed from a word processing program.**

***PLEASE PRINT CLEARLY (in ink). FILL IN COMPLETELY.***

1. Legal Last Name	Legal First Name	Middle Name	Preferred Name
2. PERMANENT Mailing Address	(Street, City, State, Zip/Postal Code, Country)		PERMANENT Telephone Number
3. Current Telephone Number/Cell Phone	E-mail Address	Passport # and Exp. Date (if don’t have now, e-mail later)	
4. Date of Birth	Social Security #	Sex (M/F)	Nationality (i.e. USA, Canadian)
5. Emergency Contact’s Name (not traveling with you)	How you know them	Telephone #	E-mail Address



The following information is optional but will help us determine how we can best utilize your services

- A. Please list all high school and college foreign language classes along with any practical conversation experience.
- B. List any volunteer experiences you have had or activities you have participated in.
- C. Detail your international travel experience.
- D. Please list any experience/skills/degrees/hobbies that could be of benefit during your visit (i.e. childcare training/experience, training/experience with handicapped individuals, medical or therapy knowledge, carpentry, gardening, handicrafts, scrapbooking, photography, etc.).
- E. Please list any additional information that you think we should know.

**INDEMNIFICATION**

Each volunteer indemnifies and holds Orphanage Support Services Organization (OSSO) harmless of any and all claims of real or perceived injury or loss they may sustain during their association with Orphanage Support Services Organization (OSSO).

**FORCE MAJEURE**

Orphanage Support Services Organization (OSSO) reserves the right to cancel, change or substitute any program due to insufficient participation, strikes, lockouts, riots, wars, changes in currency exchange rates, natural disasters or Acts of God, or any other circumstances beyond the control of OSSO. In such instances, OSSO shall be held harmless by each and every volunteer.

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

As an applicant, I voluntarily and knowingly authorize any present or past employer or supervisor, university or institution of learning, administrator, law enforcement agency, state agency, federal agency, consumer reporting agency, private business, military branch or the National Personnel Records Center, personal reference, and/or other persons, to give records or information they may have concerning my criminal history, motor vehicle history, employment records, worker's compensation claims, general reputation, character, or any other information requested to Orphanage Support Services Organization (OSSO) or Personnel Security, Inc. and/or their agents or representatives. I further authorize the release of any past information or legal proceedings that may have been sealed because of my status as a juvenile. I voluntarily, knowingly and unconditionally release any named or unnamed informant from any and all liability resulting from the furnishing of this information. The signature of authorization below shall be valid one year from the date signed and a photocopied or faxed copy of the authorization shall be as valid as the original.

By signing below, I, the applicant, acknowledge that I have read the applicable information on OSSO's website including OSSO's Code of Conduct. I agree to all terms and conditions set forth by OSSO and agree to live according to OSSO's Code of Conduct (which I have read thoroughly) if accepted into the program. I hereby certify that all information I have provided on this application is true and complete. I indemnify and hold Orphanage Support Services Organization (OSSO) harmless of any and all claims of real or perceived injury or loss I may sustain during my association with Orphanage Support Services Organization (OSSO). I voluntarily, knowingly and unconditionally give Orphanage Support Services Organization (OSSO) the right to keep my next of kin updated on emergency or safety conditions that may affect me, or changes in my itinerary or travel plans. I understand that Orphanage Support Services Organization (OSSO) has the right to accept or reject my application at OSSO's own discretion.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(if under 18 at the time of applying)

Please retain a copy of your completed application for your records.