



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

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 \$175.00 USD. Make all checks payable to Orphanage Support Services Organization (OSSO).

Mail your completed application, together with your application fee and a **current** picture of yourself (a good face shot—the kind and quality you'd send to your newspaper if they were doing a story on you) 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 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	Maiden Name or 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 #	Driver's License # & State	Sex (M/F) Nationality (i.e. USA, Canadian)
5. Marital Status	Name of Spouse (if married)	Number of Years Married (if married)	
6. Mother/Guardian's Name	Address	Telephone #	E-mail Address
7. Father/Guardian's Name	Address	Telephone #	E-mail Address

For numbers 8-11, please provide the information requested on a separate sheet of paper.

8. Please list street address, city, state and zip code for where you have resided the past four (4) years and the number of months or years at each address. (Please list current address first.)

9. Please list five (5) personal references including full name, phone number (work, home, cell), city and state. We need references that can vouch for your character, an ecclesiastical leader for example. The easier the references are to get a hold of, the faster your application will be processed. If for some reason you feel your references may be difficult to contact, please list additional references. Please, no boyfriends/girlfriends, best friends, roommates or close family members as references.

10. **HAVE 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).

11. **HAVE YOU EVER BEEN CONVICTED 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).

EMPLOYMENT HISTORY

MAY WE CONTACT YOUR PRESENT EMPLOYER WITHOUT JEOPARDIZING YOUR CURRENT EMPLOYMENT?

YES **NO**

LIST PRESENT EMPLOYER FIRST. List ALL previous employment for the last five (5) years. (If additional space is necessary, please use a separate sheet of paper and follow the format provided below).

Company Name _____

Company Name _____

Name of Supervisor _____

Name of Supervisor _____

Telephone _____

Telephone _____

Dates Employed—From _____ To _____

Dates Employed—From _____ To _____

EDUCATION

High School _____

College/University _____

City & State _____

City & State _____

Telephone _____

Year Graduated _____

Number of Years Attended _____

Telephone _____

Degree/Date Graduated _____

PROGRAM LOCATION PREFERENCES

Please check the preferences that apply to you and fill in the blanks where appropriate.

___ I prefer to serve in Cuenca, Ecuador.

___ I prefer to serve in Quito, Ecuador.

___ I will serve in whichever city the children need me most.

___ I am applying with the following people _____ and prefer to serve in the same city at the same time with them if possible.

___ If I can't serve in the same city at the same time with the following people _____, please terminate my application.

___ I do not wish to serve in the following location _____. If it is the only one available, please terminate my application.

PROGRAM SCHEDULE PREFERENCES

Please indicate and rank (1st-3rd) the times you're willing to serve. Please see website for availability. *Travel dates are approximate until ticketed.*

2009—Regular Programs

___ ***November 19, 2009—February 5, 2010***

___ December 31, 2009—March 12, 2010

***November 2009 Regular: \$500 off regular program fee

If you're interested in serving but can't go for the full length of any of the above 2009 regular groups, contact us; we may be able to work something out.

2009—Half-time Opportunities

___ November 19, 2009—January 1, 2010

___ December 31, 2009—February 5, 2010

2010—Regular Programs

___ February 4, 2010—April 16, 2010

___ March 11, 2010—May 21, 2010

___ April 15, 2010—June 25, 2010

___ May 20, 2010—July 30, 2010

___ June 24, 2010—September 3, 2010

___ July 29, 2010—October 15, 2010

___ September 2, 2010—November 19, 2010

___ October 14, 2010—December 31, 2010

;;;If interested in going for 6-8 months and have had at least three (3) college semesters of Spanish, please contact us!!!
(for other times, Spanish not required)

NOTES: If your school semester starts (actual class days) before you would normally return home (according to the above dates), you can probably arrange with us to return a couple days early, but this may cost you extra. Some colleges/universities offer block semesters which could be attended either before or after some of these program schedules. Contact your school for more information. For any group at any time, applicants with significant Spanish language ability will still be considered.

FLIGHT PREFERENCE

OSSO makes all flight arrangements originating and returning to Salt Lake City through group ticketing with the contracted airline OSSO uses. While arrangements can usually be made with advanced planning for volunteers to fly out of and back into different airports (major airports) like out of SLC but back into Portland, or out of LAX but back into SLC, or out of Phoenix and back into Phoenix, some airports require a higher fee and this cost will be passed on to the volunteer. If you're wanting an option like this, keep in mind that we have no control over the costs the airline quotes us for doing this—if there's an additional cost for doing this we'll contact you for you to give your go-ahead before making any change. The majority of each group flies out of Salt Lake City, which we prefer, since we have someone there to send off the group and answer questions, as well as the fact that they travel together as a group and get a jump start on forming friendships and getting to know each other. Please indicate the **major** city and state for your flights.

Outbound City: _____

Return City: _____

Please answer the following questions on a separate sheet of paper.

1. Please list all high school and college foreign language classes along with any practical conversation experience.
2. Describe any childcare training or experience.
3. Describe any experience or training you have had working with handicapped individuals.
4. List any leadership experience you've had associated with your job, community, church, etc.
5. List any experience you have had working with or leading young adults.
6. List any volunteer experiences you have had or activities you have participated in.
7. Detail your international travel experience.
8. Describe your general health.
9. Do you routinely take prescription medications? Please explain.
10. Do you regularly see a physician for any medical problems? Please explain.
11. Have you previously had problems/difficulties with depression, excessive anxiety or an eating disorder or are currently experiencing this? If so, please list approximate dates, including if you took any medications for this (we've had many volunteers successfully serve with us who've had these problems—having history with this is not cause for rejection of your application, but we need to be aware of this for your well-being).
12. Have you ever had or do you currently have a problem with alcohol or drug abuse or been in a rehab program for alcohol or drug abuse? Please explain.
13. Please list any skills or hobbies (i.e. musical instrument, dance, song, handicrafts, etc.) you would be willing to teach children from ages 3-18.
14. Please list any allergies, illnesses and/or food restrictions.

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 application form and all “General Information” on the website related to OSSO’s volunteer program. 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 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 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 or parent/guardian is readily available)

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