



# TRIP PACKET ADULT TRAVELER

Dear Friend,

Thank you for your interest in participating in an NPH USA trip. This packet must be completed for each **ADULT** traveler. Travelers under the age of 18 must complete the packet for **MINORS**.

## Packet Instructions:

1. **TYPE** all required fields.
2. **PRINT** the file.
3. **INITIAL** and **SIGN** the printed pages where required in black or blue ink. Electronic initials or signatures are NOT acceptable.
4. **ATTACH** the following:
  - A. A copy of the photo page of your current passport
  - B. A copy of the front and back of your health insurance card
5. **MAIL** to:

NPH USA  
Attn: Travel  
134 North LaSalle Street  
Suite 500  
Chicago, IL  
60602-1036

Note: You must send **ORIGINALS** of the pages with live initials/signatures. Photocopies will NOT be accepted.

If you have any questions or concerns, please contact Maci Mitchell during normal business hours (Central Time Zone) at (312)386-7494 or email [travel@nphusa.org](mailto:travel@nphusa.org).

Kind regards,  
NPH USA



# TRIP PACKET

## ADULT TRAVELER

### NPH USA TRIP APPLICATION & PASSPORT COPY

Please print all information clearly.  
All information will be kept confidential.

Group Name (if applicable)	Travel Destination	Trip Dates	
First Name	Middle Name	Last Name	
Address			
City		State	Zip
Phone		E-mail	
Profession		Company or organization	
City		State	Zip
Date of Birth		Gender: <input type="radio"/> Male <input type="radio"/> Female	
Travel insurance, included in the trip cost, contains a life insurance policy. <b>Please designate a beneficiary.</b>		Beneficiary Name (for insurance):	
Passport Number	Passport Expiration Date	Country of Issue	

How did you hear about NPH? \_\_\_\_\_

How did you hear about this trip? \_\_\_\_\_

Why are you interested in this trip?

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Do you have any concerns regarding the trip? If so, what are they?

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What experiences or interests, personal or professional, might be helpful for us to know about?

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**\*\* PLEASE ATTACH A COPY OF YOUR CURRENT PASSPORT PHOTO PAGE TO THIS APPLICATION \*\***

If you do not have a current passport, please explain the steps you are taking to obtain one.

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Participant Name: \_\_\_\_\_  
Group Name: \_\_\_\_\_  
Travel Destination: \_\_\_\_\_  
Trip Dates: \_\_\_\_\_

## LEGAL RELEASE OF CLAIMS AND ACKNOWLEDGEMENT OF RISKS FOR ADULT TRIP PARTICIPANTS

### \*THIS IS A COMPLETE RELEASE OF ALL POTENTIAL CLAIMS\*

- **TO BE COMPLETED BY ADULT TRIP PARTICIPANT.**
- **THIS FORM MUST BE SIGNED AND THE ORIGINAL MAILED TO THE ADDRESS LISTED ON PAGE 1. NO COPIES WILL BE ACCEPTED. PLEASE READ EACH**
- **PARAGRAPH CAREFULLY AND INITIAL TO INDICATE THAT YOU UNDERSTAND THE TERMS OF THIS AGREEMENT.**

#### **Voluntary Participation:**

I, the undersigned, understand I will be traveling to a foreign country or countries and participating in various mission activities which are sponsored or facilitated, in whole or in part, by **NPH USA**, a non-profit corporation. I understand that it is my responsibility to arrange for medical or any other insurance coverage before my departure. Because visiting foreign countries can be dangerous, I agree to exercise care as I travel.

**Initials:** \_\_\_\_\_

#### **Risks:**

I understand and acknowledge that travel to, from, and within foreign countries involves unique hazards and risks not usually encountered when traveling within the United States. I understand that these unique risks and hazards may be related to exposure to environmental conditions, such as extreme weather, sanitation, animals, insects, or disease. I understand and acknowledge that I may be exposed to native food and drink that could increase the risk of a medical situation due to allergies or other pre-existing conditions.

**Initials:** \_\_\_\_\_

I am not aware of any medical conditions that may heighten risks I encounter while participating in and/or traveling to activities on the trip. If I do suffer from such conditions, I have informed **NPH USA** of these conditions in **NPH USA's Medical and Emergency Information Form**. Furthermore, I have discussed any such conditions with my physician, as they relate to and/or impact me during this trip.

**Initials:** \_\_\_\_\_

I am not aware of any physical limitations, including limited mobility, which may limit my ability to travel or participate in activities on the trip. If I do have such limitations, I have informed **NPH USA** of these limitations in **NPH USA's Medical and Emergency Information Form** and discussed whether **NPH USA** will be able to accommodate these physical limitations during this trip.

**Initials:** \_\_\_\_\_

I acknowledge that my medical insurance is my primary coverage and it is my responsibility to ensure that said insurance will cover possible medical needs, including pre-existing conditions, during my trip. This includes, but is not expressly limited to, medical treatment in a foreign country, medical treatment in a foreign health care facility, medical evacuation, and follow up or additional treatment upon my return to the United States. I understand and acknowledge that should a medical emergency arise during my trip, access to and treatment at a medical facility may be limited, and treatment I may receive may not be provided at levels found within the United States.

**Initials:** \_\_\_\_\_

I understand and acknowledge that the nature of a trip to a foreign country may expose me to health conditions and/or illness or disease that may impact my health or cause harm while on the trip or after my return and it is my responsibility to take necessary precautions such as vaccination, medication, or other preventative measures. I understand and acknowledge that during travel to and from the foreign country, and while participating in activities in that country, I may experience stressful, difficult, and/or hazardous situations that may necessitate that I take additional precautions related to any pre-existing medical condition I may have.

**Initials:** \_\_\_\_\_

**Release:**

In consideration of my participation in trip activities and as the recipient of benefits flowing from **NPH USA** as an organizer and facilitator of the trip, I do hereby release, discharge, and agree to hold harmless **NPH USA**, its directors, officers, members, administrators, employees, and/or other individuals associated with **NPH USA** from any and all liability, claims, demands, or actions which may accrue as a result of any injury, whether accidental or otherwise, illness, or other loss which I may sustain as a result of participation in trip travel, recreation, or other trip activities. This release covers activities in any country and activities involving travel: (1) to and from those countries; (2) to and from trip activity sites; (3) to and from various locales visited during the trip by any mode of transportation.

**Initials:** \_\_\_\_\_

I further agree that I will not institute any action, or suit at law or in equity, against **NPH USA**, its directors, officers, members, administrators, employees, and/or other individuals associated with **NPH USA**, and I will not institute, prosecute, or in any way aid in the damages, costs, loss of services expenses or compensation for or on account of any alleged damage, loss, injury, health problem, disease, or illness to any person or property resulting from my participation in trip activities sponsored or facilitated by **NPH USA**.

**Initials:** \_\_\_\_\_

To the extent **NPH USA** has purchased travel insurance that will cover my trip, I acknowledge that any benefits under such travel insurance, if any, are the sole responsibility of the carrier providing the travel insurance and that I will not seek any payments from **NPH USA** in the event such travel insurance does not provide any benefits to me.

**Initials:** \_\_\_\_\_

I understand that I am solely responsible for my personal property, which means that **NPH USA** will not be responsible for the safekeeping or custody of any such property.

**Initials:** \_\_\_\_\_

I have carefully read the above release and agreement prior to its execution, and I am fully familiar with the contents thereof. I agree that this Agreement will be governed by the laws of State of Illinois, United States of America and is intended to be as broad and inclusive as permitted by the laws of the State of Illinois, United States of America, and that if any portion of this Agreement is held invalid, the balance of the Agreement shall, notwithstanding, continue in full legal force and effect. This release shall be binding upon me, my heirs, administrators, personal representatives and assigns, forever.

**Initials:** \_\_\_\_\_

I hereby warrant that I am at least 18 years of age and have the right to contract in my own name.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



Participant Name: \_\_\_\_\_  
Group Name: \_\_\_\_\_  
Travel Destination: \_\_\_\_\_  
Trip Dates: \_\_\_\_\_

### ADULT MEDICAL AND EMERGENCY INFORMATION FORM

Adult Participant's Full Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Citizenship: \_\_\_\_\_  
Primary Care Doctor: \_\_\_\_\_  
Primary Care Doctor Office Phone: \_\_\_\_\_

Do you have another medical professional who provides you with primary care (day-to-day healthcare) services? If the answer is yes, please provide his/her name and contact information:

\_\_\_\_\_

Please list any medical conditions you have (asthma, diabetes, epilepsy, etc.):

\_\_\_\_\_

Please list any food allergies or dietary restrictions you have:

\_\_\_\_\_

*\* Please note that it is the responsibility of the trip participant to ask about ingredients and avoid foods which may contain allergens. While NPH USA makes every effort to notify the NPH homes of visitors' dietary restrictions, an allergen-free environment cannot be guaranteed. Trip participants are advised to bring snacks to supplement their meals if they are concerned about being unable to consume some foods.*

Please list any physical limitations (including limited mobility) that may affect your ability to travel or participate in trip activities:

\_\_\_\_\_

Please list any allergies or allergic reactions to medication you have:

\_\_\_\_\_

Please list any medications you are currently taking or may need to take while on the **NPH USA** organized trip:

\_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_  
Is there any other medical information you wish to provide?

\_\_\_\_\_



Participant Name: \_\_\_\_\_  
Group Name: \_\_\_\_\_  
Travel Destination: \_\_\_\_\_  
Trip Dates: \_\_\_\_\_

**Health Insurance Information**

Medical Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**\*\* PLEASE ATTACH A COPY OF THE FRONT AND BACK OF YOUR INSURANCE CARDS TO THIS FORM \*\***

**Emergency Contact Information**

<b>IN CASE OF EMERGENCY, PLEASE CONTACT:</b>	
Name:	_____
Relationship:	_____
Cell Phone:	_____
Other Phone:	_____

<b>IF FIRST EMERGENCY CONTACT IS UNREACHABLE, PLEASE CONTACT:</b>	
Name:	_____
Relationship:	_____
Cell Phone:	_____
Other Phone:	_____





Participant Name: \_\_\_\_\_  
Group Name: \_\_\_\_\_  
Travel Destination: \_\_\_\_\_  
Trip Dates: \_\_\_\_\_

**NPH INTERNATIONAL VISITOR POLICY AND GUIDELINES**

*This NPHI International Policy applies to ALL VISITORS (INDIVIDUALS, MEDIA, ALL GROUPS-MEDICAL BRIGADES and CONSTRUCTION, etc.) while visiting and/or working in any of our nine NPH homes. All visitors staying overnight must sign the policy. In addition, each individual NPH home may have additional home-specific rules/guidelines that they ask visitors to comply with.*

Thank you for joining us to visit our children of Nuestros Pequeños Hermanos! We view your visit as an opportunity for you to learn about our work while building long lasting relationships with the children and youth in our care. During your stay we ask that you help us ensure your visit has a minimal impact on the daily lives and schedules of the children. As with any family, the children and staff have a daily schedule that needs to be respected as life goes on as usual. The Visitor Coordinator will help you to organize your agenda in order to be the least disruptive as possible to the children and staff in our homes. We have developed this policy and these guidelines to ensure that your presence at our NPH homes will be a positive, uplifting experience for everyone involved. We ask that you please read them carefully and respect them at all times during your visit.

Your visit to NPH will give you an opportunity to learn about our work and briefly experience life at an NPH home. Please remember that as a visitor you are only seeing a brief period of time and may not understand the entire program from a short visit. We encourage you to ask questions and grow in your understanding of our programs as well as the country you are visiting. We also advise you to read about the country you are visiting ahead of time in order to have a deeper understanding of the host country. We will include information on NPH, the NPH home and the country in your trip materials. The NPH local Visitor Coordinator will send you materials prior to your arrival and provide an orientation when you arrive, to review specific rules and individual guidelines of the NPH home you are visiting.

*If you are a Godparent to a child who lives off-site with their family, please also see page 14-15, for further information.*

**GUIDELINES: in alphabetical order**

**ABUSE PREVENTION**

We strive to provide a safe home for all of our children, employees and volunteers. All visitors, donors, sponsors, trip leaders, members of medical brigades and construction groups are asked to respect the following international rules to ensure the children’s safety. Children (pequeños) are not allowed to be in any employee, volunteer or visitor rooms under any circumstances. To spend time with a visitor/visitors outside the home, approval must be given by the National Director or House Director. In addition, these visits must be accompanied by a volunteer, caregiver or other staff member. Under no circumstances are pequeños allowed to stay overnight outside of the NPH home with visitors, sponsors, donors, trip leaders, etc.

If you are visiting your Godchild or another child, your trip leader will arrange for you to spend time with them during your trip. Excursions for you and your Godchild outside of the NPH home may also be arranged as a part of your trip. If you are visiting NPH on your own, please contact your local fundraising office and the Visitor Coordinator of the home you wish to visit to arrange your trip. Please ask the Visitor Coordinator for the rules of the home and the Visitor Policy BEFORE your visit and ALSO upon arrival.

## **ACTIVITIES**

When planning activities, please respect the obligations and routines of our home. Please do not expect to take children out of school for activities. We can arrange special permission for afternoon/evening and weekend time with the group, with godparents and/or with the visitors. We ask that all visitors respect our religious spaces, our chapels and churches. Activities that are not spiritual do not belong in these spaces.

Activities with your godchildren, with a specific hogar/section/group of children or a family of children must be arranged in advance with the Visitor Coordinator of the home you are visiting.

## **ALCOHOL, DRUGS AND TOBACCO**

Please respect the specific rules and designated areas in each home in regards to smoking or drinking of alcohol. Please refrain from drinking and smoking in front of the pequeños regardless of your location. In addition, please do not visit with our children or youth after you have been drinking or smoking. Do not offer alcohol, drugs and tobacco to a pequeño regardless of their age. The use of drugs is prohibited at all of our NPH homes.

## **COMMUNICATION**

Please communicate with the NPH community through established channels. Your trip leader and/or fundraising office should be your first point of contact before, during and after your trip. The fundraising office or trip leader should be in direct contact with the Visitor Coordinator in the home. This process helps to prevent cross cultural misunderstandings and confusion. In addition, all communication sent to your sponsored child or any other children you meet should be sent through the established correspondence process. This process ensures that your correspondence will reach the children while not causing additional work for the NPH in-country staff.

Please do not exchange e-mail addresses or become Facebook friends with the children. Because it is difficult to monitor the children's Facebook use, Facebook is blocked at some of our NPH homes. Please respect the NPH guidelines of Facebook use and do not "friend" or accept a friend request from the children. We recognize it may be uncomfortable to say no if a child asks you for your e-mail address but the children are aware of these rules so please support the NPH staff in abiding by them. You or your trip leader can ask the Visitor Coordinator for the specific guidelines in each home regarding electronic communication. Our high school and university students who live in the cities where they study have access to and have permission to use social media and to communicate electronically. (See Social Media section below.)

## **DRESS CODE**

Please dress modestly as cultural standards in Latin America and the Caribbean are different than the US and Europe. We ask that you please pay particular attention to the following: no short shorts/skirts, do not wear clothing that is revealing including showing your stomach or chest. We ask that all skirts and shorts should come to the knee and all straps should be at least three fingers wide. Please remove all piercings except for in ears. If you have tattoos, please make sure they are covered. Again, please check with the visitor coordinator of the home you are visiting for any additional specific guidelines.

## **FINANCIAL DONATIONS**

Visiting the NPH homes will naturally bring up questions of project costs, budgets and funding needs. During your visit you will be confronted with many needs and may feel compelled to respond immediately to these circumstances. However, a visitor distributing cash and making promises (i.e. future financial support or return trips) may cause misunderstandings. During your trip, your trip leader will provide you with information on funding needs that are considered top priorities by the NPH leadership in each home. If you want to make a donation, please consider giving toward these high priority projects. Please address any current and future questions regarding funding or how you think you can help with the local Visitor Coordinator, your trip leader and/or your fundraising office. To assure tax deductibility

of your philanthropic contributions, please make all financial donations to NPH through your fundraising office.

## **GIFTS AND DONATIONS**

Many visitors collect items to bring as donations to NPH. A list of specific needs will be available from your trip leader, your fundraising office and/or the local Visitor Coordinator of the home in which you are visiting. In general, new clothes (underwear, socks, t-shirts, pants, shoes) in all sizes are always needed. Please coordinate your donations with your trip leader or the Visitor Coordinator of the home you are visiting. If you are traveling on your own to an NPH home please inform the Visitor Coordinator of your donations upon arrival. These items will be given to the Visitor Coordinator or the NPH staff person in charge of donations to be used and distributed where most needed.

We understand that both visitors as well as sponsors will want to give their godchild or children they meet a gift. We encourage all sponsors and visitors to consider simple and modest gifts that will be meaningful to the child (e.g. a book in Spanish, a cross necklace, a picture frame with a photograph of you with the child, photo album of your time together). The best gifts are those that can be shared by everyone in the child's or your Godchild's home/hogar/section (e.g. board games, a deck of cards, soccer ball etc.). We ask that you avoid electronics or any expensive gift. We also ask that you refrain from giving money/cash as gifts. Please understand that some of the children do not receive gifts. Giving one child an expensive, personal gift may unintentionally create feelings of jealousy and cause problems for that child. Please talk to your trip leader and/or the Visitor Coordinator of the home you are visiting if you have additional questions about gift-giving to your godchild or any other children or youth.

Please remember that your presence is the most important gift you can give the children. Please avoid giving out random small gifts to the children (i.e. candy, stickers, etc.). This type of gift giving can teach the children that all foreigners bring gifts and encourage the children to ask for and expect them.

If you have other questions regarding gifts or donations please ask the Visitor Coordinator directly, they can talk to specific on-site staff regarding your request. It is easily arranged to have you or your group organize an activity that includes small gifts, etc. for a group of children, but this must be organized with the local Visitor Coordinator and local on-site staff.

## **MEDIA POLICIES**

### **PHOTOGRAPHY AND VIDEO:**

Please use your camera only after building a relationship with the people you want to photograph. Just as you would in your own country, it is generally a good idea to ask for permission before taking a picture/video of someone.

- Please be respectful and only photograph children that are in the custody of NPH, unless prior authorization is approved by the NPH Communication Officer or your trip leader.
- These NPH homes have additional restrictions for photography and video. Minors (under 18 years) can only be photographed or recorded, and photos / videos can only be published or shared online if their faces are not identifiable in the following countries: Bolivia; Peru; Matamoros, Mexico; Guatemala; El Salvador.
- Please do not take photographs of any children or adults in any community outreach program.
- Please do not take pictures of children unless they are fully clothed.
- Please do not take photos of patients in medical facilities who are under NPH care, without the consent of both the facility and the patient.

The children will want to use your camera and other electronic devices. We advise you to not give your electronics to them to borrow. If you do give your camera to a child please be aware that they will play with it and many visitors have had all of their photos erased.

**SOCIAL MEDIA:**

We hope you will be excited to share your trip experience with your network of friends and family on social media. We encourage you to spread the word about our work as this is a powerful way to get more people involved in helping the children. We have developed these guidelines to help you determine what is appropriate to share. First and foremost, we ask that you respect each child's personal story. Some children will be very open about their stories and other children will not. If you are going to publish the photo of a child on social media, you must have his or her personal consent before doing so. Please recognize that this is a personal choice and it is up to each child to decide if they choose to share their story with others. Be sensitive about the privacy of a child's family; do not give details on the death or disease of family members. The use of a minor's (under 18 years old) real name is not permitted in any type of posting on social media. If the young adult is over the age of 18, you must have the personal permission to publish his/her real name.

As a guideline, think about why "personal" and "private" are not the same. While communication through social media networks is primarily a personal matter, this is not the same as it being private. Written conversations inside these networks can be found through search engines such as Google. Even in cases where only your contacts can see what you write, there is a possibility that one of them will forward what you say and make it visible to a wider audience. As a result, personal conversation within social media networks should be considered public rather than private.

Think of CNN, your mother, and your boss — be conscientious of what you are posting. Don't say anything online that you wouldn't be comfortable seeing quoted on any news channel, being asked about by your mother or having to justify to your boss.

Please recognize that photographing and sharing the stories of children and youth has its special challenges. In some instances the act of sharing a picture or story can put the child or other children at risk of retribution or stigmatization. Please be cautious in sharing any photographs or videos on any social media platform (Facebook, websites, blogs, etc.).

Please be aware that we reserve the right to request that any media used of an NPH home, child, or program be removed from any social media platform. Please do not post any photos of the children if they are not fully dressed, or showing hand symbols. Again, the use of a child minor's real name is not permitted in any type of posting on social media, and you must have permission for those 18 or older. Also, please do not take photos of people in the NPH outreach programs.

**MEDICAL SUPPORT**

If you would like to support the medical staff in the home, your group will need to contact a staff member in the clinic or the NPHI Medical Services team to request permission. You will be asked to fill out a simple application and also write a brief report after your work. If you are planning to bring medicine or equipment, you will need to submit a detailed summary of the name, quantity and expiration date of the medicine and equipment to a member of the home's clinical staff and/or NPHI Medical Services team. You may need a letter of donation or a letter of invitation in order to pass through Customs. The process for each country is different, so you will need to contact the NPH team before your trip in order to learn the necessary procedure and requirements.

If you are planning to do community service or outreach and stay in the home, you must submit an application and report to the NPH staff member coordinating your stay. Please keep in mind that although you will be visiting, you are representing NPH to the local and many times international community. Medical students are allowed and encouraged to be part of medical brigades, provided the tutor to student ratio is followed, and must not administer any services that they would not be permitted to give within their own country.

**RELATIONSHIPS**

Please model healthy and respectful relationships. Many of the children living at NPH come from homes without healthy boundaries and we strive to provide positive examples for the children. Unmarried couples will not be permitted to stay in the same room together on NPH property. Romantic relationships are prohibited between all children/youth of NPH and any employee, volunteer, visitor, donor, or sponsor regardless of the age of either person.

**VISITOR AND SHORT-TERM VOLUNTEER DIFFERENCES**

**Visitors** are invited to spend time in our homes for up to two weeks, depending on availability. All visitors under 21 years of age must be accompanied by another adult. All visitors must adhere to the policy and guidelines mentioned above; if there are exceptions they must be approved by the Visitor Coordinator and the National Director.

**All short-term volunteers** must have the approval of the home’s National Director and/or the International Service Teams, if under the umbrella of Family Services or Medical Services. All short-term volunteers must be under the supervision of someone specific in the home. All short-term volunteers must follow the guidelines and policies set forward by the Volunteer Program as well as the International Visitor Policy and rules of the local home. There are NO exceptions to this rule.

**I HAVE READ AND FULLY UNDERSTAND THE NPH INTERNATIONAL VISITOR POLICY. I CLEARLY UNDERSTAND THIS POLICY AND THESE GUIDELINES RELATING TO THE FOLLOWING TOPICS:**

- Abuse Prevention
- Alcohol, Drugs and Smoking
- Dress Code
- Gifts and Donations
- Medical Support
- Visitor and Short-term Volunteer
- Activities
- Communication
- Financial Donations
- Media Policy
- Relationships

**Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Version: January 2019

**NPH ONEFAMILY PROGRAM**  
**VISITING CHILDREN THAT NPH SUPPORTS IN THEIR FAMILIES**

*The NPH OneFamily program supports children who have been reintegrated with their families after receiving care from NPH. This effort ensures a long term solution for children and families. NPH provides a unique commitment in ensuring ongoing support so that each child can reach their full potential in their family environment.*

Thank you for supporting Nuestros Pequeños Hermanos in creating loving and safe family environments for vulnerable children. NPH appreciates your decision to visit the child who has been given the opportunity to reach his/her unique potential through your support by living with their family in the community.

NPH serves to strengthen families and communities in solidarity with their self-expressed vision for development. All NPH programs align with our mission, vision, principles, and values. Thank you for contributing in this valuable service.

The rights and responsibilities of children always come first. The following principles should guide all NPH staff, volunteers, donors, and visitors in their community interactions:

**FAMILIES SHOULD ADVOCATE FOR THE RIGHTS AND RESPONSIBILITIES OF THEIR CHILDREN**

Families should feel comfortable in expressing what they believe is right for their children and should feel that their opinion will be respected. Culture, customs, learning, and distinct life experiences inform our beliefs. Families closest to the situation should always be included thoughtfully, sincerely, and meaningfully as part of a family's solution. The earnest desire to understand families' concerns and support them in a way that respects their values, culture, and opinion makes all the difference in finding lasting solutions.

Children should take advantage of every moment in school afforded to them by their supporters. While scheduling visits must avoid taking children out of school, it must also take into account study time, exams, and field trips. Advance notice is required in order to enable NPH to navigate these issues and respect the best interest of the children. Supporters will be provided with regular updates regarding school attendance and progress reports.

**FAMILIES DESERVE TO BE TOGETHER**

Every effort should be made so that children feel safe and secure. Families should feel at ease about their children's wellbeing. Therefore, NPH provides guardians the opportunity to accompany children in visits to NPH homes. Since families deserve a respectful approach that takes into account their needs, NPH must coordinate a visit with at least two months in advance.

Unemployment rates in the communities served by NPH is extremely high. NPH should never take action that would place the employment of guardians at risk. This could include family members requesting last-minute absences from work, prolonged trips away from work, or multiple absences that convey a lack of commitment.

NPH avoids placing undue burdens on vulnerable families. While NPH encourages family members to accompany their children, they should not feel forced to place other children at risk, or incur undue childcare costs, in order to participate in visits. Families should also not be placed in situations in which they are asked to consistently engage in trips which take them away from their communities.

### **FAMILIES DESERVE TO THRIVE PEACEFULLY IN THEIR COMMUNITIES**

NPH believes in strengthening families and communities by uplifting each individual child. NPH focuses on providing support that respects the integrity and innate abilities of each family. NPH support should recognize the potential of each individual to participate responsibly in a child's development. Support to children or families should always be coordinated with NPH staff and placed in social and cultural context. While it may be tempting to be generous to children and families with additional gifts or improvements, considerations must be taken to avoid the perception of dependency or that may unduly place families in situations removed from social reality.

In order for NPH to serve communities in solidarity effectively, families must see NPH and its supporters as empowering rather than a vehicle for transporting goods and services that can be taken advantage of. NPH has taken care to establish the appropriate methods of support. Gifts channeled directly to children or families may adversely affect their ability to provide for the child's best interests. Please refer to the Gifts and Donations in the International Visitor Guide for guidance on giving gifts and consult with NPH staff in advance prior to bringing a gift for a child or family.

### **CHILDREN AND FAMILIES DESERVE RESPECT**

Visiting the child you sponsor provides the children and families a tangible experience of solidarity and unconditional support. NPH will coordinate visits in order for sponsors to visit the children they support which take into account the above guiding principles. Visits will always be coordinated so that children visit their sponsors in an agreed upon location, ideally the NPH home.

While sponsors may wish to visit the children in their home environment, NPH does not facilitate visits to family environments. NPH serves in countries where security remains a grave concern. Traveling regularly with foreigners in and out of communities places visitors and NPH staff at risk for their lives. Secondly, children and families should have the right to feel secure and control their family environment. Regular requests by NPH to facilitate visits to their home environment can place undue pressure on families to accept a visit out of concern of risking the ongoing support of their children. **For that reason, NPH does not endorse, facilitate, or approve visits of NPH supporters to children and families' home environments.**



Participant Name: \_\_\_\_\_  
Group Name: \_\_\_\_\_  
Travel Destination: \_\_\_\_\_  
Trip Dates: \_\_\_\_\_

### Photograph/Written Submission Consent and Release Form

I grant to **NPH USA**, or those acting under its authority, the right and permission to use, reproduce, and incorporate, alone or together with other materials, my image in **NPH USA** marketing materials. These materials may be, but are not expressly limited to, print, electronic, or other media forms and may be used for, but such uses are not expressly limited to, fundraising, advertising, and/or publicity purposes. I agree that all images taken by **NPH USA** and any materials created by or on behalf of **NPH USA** that incorporate my image will be owned by **NPH USA**. I agree that ownership of the aforementioned images and/or materials means that **NPH USA** retains all intellectual property rights associated with such images and/or materials.

**Initials:** \_\_\_\_\_

I further grant to **NPH USA**, or those acting under its authority, the right and permission to use, reproduce, and incorporate, alone or together with other materials, my written submission(s) in **NPH USA** marketing materials. I understand that these materials may be in, but are not limited to, print, electronic, or other media forms and may be used for, but such uses are not expressly limited to, fundraising, advertising, and/or publicity purposes. I understand that **NPH USA** may modify or edit my submission as it deems necessary consistent with the **NPH USA's** purpose in utilizing that submission. I further understand that **NPH USA** may create other works derivative of, or based upon, my submission. By executing this agreement, I agree that any materials created by or on behalf of **NPH USA** that incorporate my submission will be owned by **NPH USA**. I agree that **NPH USA's** ownership rights in such submissions means that **NPH USA** retains all intellectual property rights associated with such submissions.

**Initials:** \_\_\_\_\_

I hereby waive any right to: (1) inspect or approve finished images, materials, or submissions; (2) approve the use to which they may be put; and (3) approve the final product in which they may be used or incorporated.

**Initials:** \_\_\_\_\_

I hereby waive and release any claims against **NPH USA** and agree to hold **NPH USA** harmless based on its use of my image or my submission, including, but not limited to, any action that such use constitutes libel, defamation, invasion of privacy, violation of any right to publicity, violation of my intellectual property rights, or any other right which I may have arising out of such publication or use of such images, materials, or submissions.

**Initials:** \_\_\_\_\_



I acknowledge that I am the beneficiary of **NPH USA**'s coordination of trip services and as a result I have executed this agreement in exchange for good and valuable consideration. I understand that this agreement does not obligate **NPH USA** to use my image or my submission.

**Initials:** \_\_\_\_\_

I hereby warrant that I am of legal age, under no legal disability and have the full right and authority to execute this Photograph/Written Submission Consent and Release Form.

**Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



Participant Name: \_\_\_\_\_  
Group Name: \_\_\_\_\_  
Travel Destination: \_\_\_\_\_  
Trip Dates: \_\_\_\_\_

### Background Check Authorization

I hereby authorize, in connection with my trip application, **NPH USA**, or an independent investigating agency, to conduct a background check upon me and that this background check may include searching driving records, court records (both civil and criminal), and other sources of publicly and privately available records.

I understand that **NPH USA** performs background checks in order to protect the children trip participants may encounter on the trip from harm and injury. This information may come from either public or private sources and may contain information regarding my character, experience, work habits, and/or other information relevant to volunteer service.

I agree that if the background check reveals information that **NPH USA** determines places the children I may interact with or other trip participants at risk, then **NPH USA** reserves the right to refuse the undersigned's participation in any trip organized by **NPH USA**. I agree that **NPH USA** possesses sole authority to determine what may place children I encounter or any other trip participant at risk and I agree to abide by its ultimate decision in this regard. I further agree that if **NPH USA** determines that I have provided false information in association with this background check, **NPH USA** may refuse my participation in the trip or any other trip organized by **NPH USA**.

I understand that, if I am approved for volunteer service by **NPH USA**, this background check authorization will be kept on file and may be used at any time during my volunteer service to procure further information when, in the judgment of **NPH USA**, such may be necessary.

I hereby release, discharge, and hold harmless **NPH USA**, its agents, any persons, law enforcement agencies, schools, or professional/business entities from any and all claims, liability, damages, and responsibility of whatever kind or nature, arising out of connection with any act or omission in any such background check or compliance with this authorization and request to release information, or any attempt to comply with it.

I have read, understand, and consent to the provisions listed in this background check authorization listed above. It is my intention that any copy of this authorization be as effective as is the original.

My signature below certifies that all information I have provided in connection with this background check is true, accurate, and complete to the best of my knowledge.

**Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



Participant Name: \_\_\_\_\_  
Group Name: \_\_\_\_\_  
Travel Destination: \_\_\_\_\_  
Trip Dates: \_\_\_\_\_

### Background Check Request

Each volunteer is responsible for notifying **NPH USA** of any changes in background information that might render him/her ineligible for service. The organization reserves the right to decline to accept the services of a volunteer or to request an individual to withdraw from volunteer service whenever, in the judgment of **NPH USA** it is in the best interest of **NPH USA** to do so.

Adult Participant's Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Gender:  Male  Female  
Social Security #: \_\_\_\_\_  
Driver's License #: \_\_\_\_\_ State Issued: \_\_\_\_\_

Name and Dates of Name Changes:	
Name: _____	Date: _____
Name: _____	Date: _____

If you have lived in a state other than the state listed above in the past 10 years, please list the following information, including the years in which you lived there. Please continue on the reverse side of this form if more room is needed.

State: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_ Years: \_\_\_\_\_ to \_\_\_\_\_  
State: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_ Years: \_\_\_\_\_ to \_\_\_\_\_

Have you ever been charged with or convicted of a criminal offense?  No  Yes

If yes, state offense, place and date of conviction:  
\_\_\_\_\_  
\_\_\_\_\_

If there is any additional information you would like to provide related to the question above, please do so here:  
\_\_\_\_\_  
\_\_\_\_\_