La Misión para Niños ONE27 Foundation

So you would like to join the Mission Staff! Awesome! There are a few steps that we would ask you to do to help this process move along in a sufficient and timely way. First, give us a call, we'd love to hear your heart, a bit about you, and how you heard about the Mission. Second, fill in the Rules and Application forms and send the originals to The Mission and a copy to ONE27 Foundation. Third, wait and pray! We will get back to you regarding your acceptance as a Volunteer "Staffer" as soon as we have an answer.

CHECK LIST

☐ Application Form
☐ Two letter of recommendation We are required by DIF (Mexico Social Service) to obtain these
☐ Photocopy of Passport
Rules Signed
☐ Mailed to The Mission
Obtain a background check from your church

Mailing Address:

The Mission PO BOX 460 Tecate, Ca. 91980

Miguel- (619)729-7277 Jeff- (541)890-6937

For any questions, Contact ONE27 Foundation- Tammy Davis (714)728-5730

La Misión para Niños Volunteer Application

LE	GAL NAME:(MR./MRS./MS.)						
		LAST	FIRST				
CU	RRENT ADDRESS:						
STATE:		CITY:		ZIP:			
ΗM	1 PHONE:		CELL:				
PR	EVIOUS ADDRESS:						
ST	ATE:		ZIP:				
NA	ME CHANGED IN THE LAS	T 5 YEARS?					
	DB:						
MΑ	ARITAL STATUS:	SPOUSE'S	NAME				
ΕM	IAIL ADDRESS:						
IN	CASE OF AN EMERGENCY	CONTACT:					
	Name	Dalatian					
1	Name Do you drink alcohol?	Relation	,	area code) Phone#			
	-						
2.	Do you use drugs?						
3.	Have you ever abused a minor in any way?						
4.	Have you ever been arrested?						
5.	. Have you ever been convicted/adjudicated?						
6.	. Have you ever pleaded guilty to a felony?						
7.	. Do you mind being photographed?						
8.	Do you have communicable	diseases?					
	Do you have communicable		(if yes, v	vhat?)			
Do	vou attend church regularly?	•					

Where?

How Long?				
Brief Christian Testimor	ny:			
Please provide two no	on-family ref	ferences ove	r the age o	f 21 (known for 1year)
1) Name				
LA	ST	FIRST		MIDDLE
CURRENT ADDRESS:				
STATE:			ZIP:	
HM PHONE:			CELL:	
2) Name				
	ST	FIRST		MIDDLE
CURRENT ADDRESS:				
STATE:			ZIP:	
HM PHONE:				
				4
Please provide a Past		•	for at least	1year)
NameLAST		DCT		MIDDLE
CURRENT ADDRESS:				
STATE:			ZIP:	
HM PHONE:			CELL:	

Please read before signing:

I understand that:

- The information given in this application is correct to the best of my knowledge. I authorize any references listed in this application to give you any information that they may have regarding my character and fitness for working with vulnerable children and adults. In consideration of the receipt and evaluation of this application by La Misión para Niños and ONE27 Foundation. I hereby release any individual, church, charity, employer, reference, or any other person or organization,including record custodians, both collectively and individually, from any and all liability for damages of whatever kind of nature that may at any time result to me, my heirs, or family, because of compliance or any attempts to comply, with this authorization. I waive my right that I may have to inspect any information provided about me by any person or organization identified by me in this application.
- The relationship between La Misión para Niños (and ONE27 Foundation) and myself the volunteer is an "at will" arrangement, and it may be terminated at any time without cause by either the volunteer, La Misión para Niños or ONE27 Foundation.
- I grant La Misión para Niños and ONE27 Foundation permission to use my likeness, voice, and words in television, radio, website, or film.
- I fully understand that there are inherent risks involved in living abroad as a Missionary in Mexico, on or off of La Misión para Niños grounds. Such risks may include, but are not limited to, the risk of injury from transportation, physical activity in construction activity or otherwise, exposure to disease or other illness, and violence due to political instability, terrorism, or criminal activity. Being fully informed of the inherent risks I hereby release ONE27/ La Misión para Niños as well as its officers, directors, staff and volunteer workers from any and all liability due to any injury, loss, or damage to person or property that may occur during the course of my involvement with La Misión para Niños.

SIGNATURE
PRINT NAME
DATE
WITNESS SIGNATURE
PRINT NAME
DATE