



People Educated. Christ Revealed. Lives Transformed.

PO Box 33152
Portland, OR 97292
971-255-9140
info@noeinternational.org
www.noeinternational.org

Application to Visit NOE Centers

Name: _____ Today's Date: _____

Phone: _____ Email: _____

Address: _____

Home Church: _____

To protect the children whom we serve, all adult visitors to the NOE Centers age 18 and older must pass a background check every 2 years. The following information is used for this purpose. Social Security numbers are NOT kept on file after the check is performed.

Date of Birth: _____ Social Security Number: _____

State of Residence: _____

Email to Send Report Background Report to: _____

Proposed Dates (or Range of Dates) for Visit: _____

Are you traveling with a group or others? Yes / No (circle one)

How many people in your group? _____

What type of group are you? (check all that apply):

Youth Team How many? _____ Age Range of Youth? _____

Adult Team How many? _____

Names of the others (& ages), or the organization, you are traveling with: _____



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Reasons and Goals for Visit: _____

Do you, or anyone in your group, currently sponsor a student(s) through our Angel Program?
Yes / No (*circle one*)

Names of the students you might like to visit: _____

Background, Skills to Benefit NOE: _____

Languages Spoken and Skill Level: _____

Current Involvement in Ministry and/or Missions at Home Church: _____

Allergies or Dietary Restrictions: _____



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Photo Release: I grant to NOE International, its representatives and employees the right to take photographs of me and my property. I agree that NOE International may use such photographs of me with or without my name and for any lawful purpose in print and/or electronically, including for example, such purposes as publicity, illustration, advertising, and Web content.

Risk Release: I release from liability and waive my right to sue NOE International, their employees, officers, volunteers and agents (collectively "organization") from any and all claims, including claims of the organization's negligence, resulting in any physical injury, illness (including death) or economic loss I may suffer or which may result from my participation in this visit, travel to and from the visit (including air travel), or any events incidental to this visit.

Signature: _____ Date: _____

Please return this form to: info@noeinternational.org,

or, to:

***NOE
P.O Box 33152
Portland, OR 97292***

*If you have additional questions or concerns,
contact Terri Pace at the NOE Office at 971-255-9140 or info@noeinternational.org.*