



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: Gender: M / F (circle one)

Background Check Requirement

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.

I acknowledge that all adult visitors aged 18 and older must pass a background check:

Signature: (Signature required if visitor is age 18+)

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 Student Sponsorship 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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### Expenses Related to Your Visit

There are a few administrative costs associated with a visit to the NOE Center, including and not limited to:

- **\$16.50/person** - administering a background check (valid for 2 years)
- **\$110/person** - local transportation with a NOE staff member for a 7- to 10-day trip
- **Misc. costs** - varies depending on the purpose of your trip, potential work projects, and the scheduled activities.

To cover these costs, we kindly request you donate to NOE International prior to your trip.

**Thank you for your investment in NOE International's ministry!**

**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](mailto: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](mailto:info@noeinternational.org).*

*Would you like to be added to NOE's once-per-month email newsletter?*  Yes  No