

Individual Visitor Application

This application must be completed by all individuals visiting Centro NOE in Mexico, whether as a member of a team or visiting as a family, couple, or individual.

Your Information

Today's Date:

Full Name as it appears on Passport:

What you prefer to be called, if different (e.g., Nickname):

Your Phone:

Your Email:

Address:

Date of Birth (required):

Gender: Male Female

Name of organization or church you're going with (if applicable):

Home church (if different from above):

Dates of your trip:

If not going with a group, have you confirmed with the Centro NOE that these dates are open for visitors?

Yes

No

With whom did you confirm?

Date confirmed?

Passport Expiration Date:

Note: Some airlines may not permit flight into foreign countries if a passport is within 6 months of expiration.

Emergency Contact Information:

Name(s):

Relationship to You:

Phone:

Email:



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

Individual Visitor Questions

Why do you want to go on this trip?

Do you currently sponsor a student at NOE? YES NO

If yes, what is the student's name?

Would you like to see this student?

How do you see the gifts that God has given you contributing to the ministry of NOE International and your team?

Please list any allergies or dietary restrictions:

Do you have any health issues or concerns that might affect your ability to participate in this trip?

Yes No

If yes, please explain

Is there anything else we should know?

Requirements & Responsibilities

Please read each section below, **initial each one**, and then **SIGN at the end**, to indicate consent.

Background Check Requirement: To protect the children we serve, **all adult visitors to the NOE Centers age 18 and older** must pass a background check every 2 years. After your visitor application is approved, NOE will send a link from [Protect My Ministry](#), to request authorization to run a background check. It is your responsibility to click on this link and complete this application so that the results are received at least 2 weeks prior to your departure. If you have received a background check from another organization within the last two years, you may submit proof. NOE reserves the right to accept or decline any outside reports not completed through [Protect My Ministry](#).

Photo Release: I grant NOE International, its representatives, and employees the right to take photographs of me, my minor children who are going on this trip with me, and my property. I agree that NOE International may use such photographs of me/us with or without names 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.

Medical Travel Insurance: I commit to purchasing my own medical travel insurance with at least \$50,000 coverage for myself and each family member accompanying me on this trip. If I am going as a member of a group, I will check to make sure I am covered as a part of the group. I agree to provide a copy of this coverage before I/we depart to NOE International. I am aware that NOE International DOES NOT provide any medical insurance or coverage.

Financial Responsibility: I agree to pay or reimburse NOE International for any expenses that are incurred on my behalf during my trip. Examples of expenses that might be incurred will be food, lodging, transportation, and general supplies. Teams will have these expenses estimated into a budget, but individuals will need to clarify with the Executive Director if any of these items will be provided by NOE.

I agree to pay NOE for the following costs. If you are part of a group, these will be included in your group fees. If you are NOT with a group, you will need to pay for these expenses directly to NOE prior to your trip):

- \$110 Participation Fee (*covers incidental costs that the center incurs to host guests*)
- \$22 Background Check (*unless I have had one within 2 years*)

Charitable Contribution: I understand that NOE International does not provide 'donation receipt' for any travel/trip expenses. I understand that in some cases I may save and submit my travel receipts with my taxes as proof of an in-kind charitable donation, but that NOE is not making any claims about whether these expenses, whether paid by you or by someone else, are tax deductible. Most groups can secure donation receipts from their sending organization (e.g. church/school) when participating in fundraising activities for mission trips. Please confirm with your sending organization.

My signature confirms my understanding and acceptance of all the responsibilities outlined above.

Signature (required): _____ Date:

(to electronically sign, use the E-sign tool or the sign icon (fountain pen))

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.*

Scan the QR code below to join NOE's once-per-month email newsletter?

