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| **Children International** | **Children International Sponsor Visit Request** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **All fields are Required.**Please complete and return this application **at least 8 weeks before** your requested visit date, by **email** to [CIAdventure@children.org](mailto:CIAdventure@children.org) or **fax** to 816.942.3714 or **mail** to Children International, Attn: Care Team, 2000 E. Red Bridge Rd., Kansas City, MO 64131. ***\*Please be advised we cannot initiate the visit arrangements until your background check(s) has cleared and your visit donation and valid in-country phone number/lodging information have been provided.*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Your Visit Date**  ***We will confirm the day available,*** *based on your preference.*  *Our field staff will make every effort to accommodate your request****.***  ***Please keep in mind that we do not ask our field staff to host visits during non-visiting hours or holidays.*** *It’s generally safer for you to visit during regular visiting hours. Crime is often greatest during the evenings and on weekends.* ***Everyone’s safety is a priority!***  *We also want to make sure our staff members, who work with our kids, have time off to spend with their own families.* | Account # | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Full Legal Name | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DOB | | | |  | | | | |  | |  | | | | |
| If your **legal name is the same on the sponsorship account*,*** please check this box | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | |
| Home Address | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | State | | | | | |  | | | | | | | ZIP | | | |  | | | | | | | | | |
| Cell | |  | | | |  | | |  | | | | | | | | | | | | | | Home Phone | | | | | | | | | | |  | | | | |  | | |  | | | | | | | | | | | | | | |
| E-mail | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Will you be part of the visit? | | | | | | | | | | | | | | | | | |  | | | |
| **If any, please list other visit participants:** | | | | | | | | | | | | | | | | | | | | | | | | | | Total visit participants | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| **Legal Name** | | | | | | | | | | | | **Relationship** | | | | | | | | | | | **DOB** | | | | | | **City & Country of Residence** | | | | | | | | | | | | | | | | | | | **Is this also a CI sponsor?** | | | | | | | | |
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| Emergency Contact Name | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | Relationship | | | | | | | | | | |  | | | | | | | | |
| Phone Number | | | | | | | | |  | | | | | | | | | | | | | E-mail | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please provide up to three possible visit days, in order of preference:**  *(see other side for visiting hours)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1) Date | | | |  | | | | | | | | | | | | | | | | | | | | | | | | Start time of visit | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| 2) Date | | | |  | | | | | | | | | | | | | | | | | | | | | | | | Start time of visit | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| 3) Date | | | |  | | | | | | | | | | | | | | | | | | | | | | | | Start time of visit | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| **Information about the child(ren) you wish to visit:**  *(please attach a separate sheet for additional children)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Child Name** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | Child ID (if known) | | | | | | | | | | | | |  | | | | | | | | |
| City/Country | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | I have visited this childbefore | | | | | | | | | | | | | | | | | | | | |  | | | | |
| If we have indicated ***your visit needs to last all day,*** please check this box | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | |
| If we have **not** indicated your visit needs to last all day, how much time do you have? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | **1-3hours** | | | | | | | | | | | |  | | **4-5hours** | | | | | | | | | |  | | **6-8hours** | | | | | | | | | | | | | | | | | | | | |  | | |
| If time allows, please list your activity preference here | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | |
| If possible, would you like to visit your child’s home | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **Child Name** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | Child ID (if known) | | | | | | | | | | | | |  | | | | | | | | |
| City/Country | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | I have visited this childbefore | | | | | | | | | | | | | | | | | | | | |  | | | | |
| If we have indicated ***your visit needs to last all day,*** please check this box | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | |
| If we have **not** indicated your visit needs to last all day, how much time do you have? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | **1-3hours** | | | | | | | | | | | |  | | **4-5hours** | | | | | | | | | |  | | **6-8hours** | | | | | | | | | | | | | | | | | | | | | |  | |
| If time allows, please list your activity preference here | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | |
| If possible, would you like to visit your child’s home? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Are you fluent in the language your child(ren) speaks? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **In-Country Lodging and Contact Information**  **of the country/city where your sponsored child lives** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please provide us with as much detail about your in-country lodging as possible. **You will need to arrange your transportation to the city where the agency/child is located.** Please contact us if you need additional information. *\*If you will be staying in* ***multiple locations*** *or visiting children in different countries, please indicate your itinerary on a separate sheet of paper.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Final**  **Confirmation Call:**  When the calendar marks **three weeks prior to your visit**, confirm your final details **directly with the office in the country** where your child lives.  **This step is** **crucial to the success of your visit**, as it will allow our staff adequate time to contact the child’s family and make the necessary arrangements for their transportation, child’s school, parents’ work schedule, etc.  **Your visit is subject to cancellation if the field staff does not receive your confirmation call.** We will provide you with their contact information upon receipt of this **completed request** form.  **LET**  **THE COUNTDOWN BEGIN!!** | Arrival date/time | | | | | | | | | | |  | | | | | | | at | | |  | | | | Departure date/time | | | | | | | | | | | | | | | |  | | | | | | | | | at | |  | | | | |
| Airline/Cruise Line Name | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | Arrival flight/dock number | | | | | | | | | | | | | | | |  | | | | | | | | |
| ***\*****Due to logistical complications,* ***your visit should not be planned for the same day as your arrival into and/or departure out of the country/city****. Our field staff suggests arriving at least one day before the visit.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| In-country lodging | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| City | | | | | | | | | | | | | | | | | | | | | | | | State/Province | | | | | | | | | | | | | | | | | | | | Zip Code | | | | | | | | | | | | |
| Is this a Hotel? | | | | | | | | | | | | | | |  | | | | Name of the Hotel | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Name exactly as it appears on the Reservation | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| In-country contact number | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | Is this an **in-country** Cell? | | | | | | | | | | | | | | | |  | | | |
|  | | | | | | | | | | | | | | | | **country code + city code + local number** | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Are there any dietary, medical or other special needs our staff should be aware of? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **I hereby acknowledge that I have read the contents of this form and understand the following:** *(please initial each statement below)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | I have **completed my background check(s) with ACS**, and understand the results can take 5-7 business days. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | I should not plan my visit the same day as my arrival and/or departure from my child’s country/city. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | I will have to provide my own transportation to the city where the agency/my child is located. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | I am responsible for all activity costs for my child (ren), family member(s) and CI staff members who must be present to host my visit, in addition to the visit donation paid prior to my visit. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | If I do not call the field office to confirm and finalize my visit, it is subject to cancellation. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | My donation is non-refundable if I cancel less than two weeks before my visit, and only a portion is refundable if I cancel 2-4 weeks before my visit. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Children International **cannot initiate my visit arrangements until my background check(s) has cleared.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Children International **cannot initiate my visit arrangements without my visit donation and a valid in-country phone number** where I can be reached while I’m in the country of the visit. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **How would you like to cover the visit donation?** *(please initial one of the following options)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | I will enclose a check/money order and send my visit request form via regular mail. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | I will call the ***Care Team*** to make my visit donation by phone as soon as I fax/email my visit request form. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | I authorize the charge to my ***AutoPay*** information currently on file upon receipt of this visit form.\* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***\*****For multiple cards/bank accts on file, please indicate* ***the******last 4 digits here*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| Signature | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date | | | | | |  | | | | | | | | | | |
| **Visiting Hours:** *NOTE: Your visiting hours could vary depending on the logistics involved.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Admin Office** | | | | | | | | | | | | | | | | | | | | **Days/Hours** | | | | | | | | | | **Admin Office** | | | | | | | | | | | | | | | | | **Days/Hours** | | | | | | | | |
| Colombia, Barranquilla | | | | | | | | | | | | | | | | | | | | M-F, 8:30a-4:00p | | | | | | | | | | India, Sahay | | | | | | | | | | | | | | | | | M-F, 9:30a-4:30p | | | | | | | | |
| Dominican Republic, Santo Domingo | | | | | | | | | | | | | | | | | | | | M-F, 9:00a-4:00p | | | | | | | | | | Mexico, Jalisco | | | | | | | | | | | | | | | | | M-F, 9:00a-3:30p | | | | | | | | |
| Ecuador, Quito | | | | | | | | | | | | | | | | | | | | M-F, 8:00a-4:30p | | | | | | | | | | The Philippines, Bicol | | | | | | | | | | | | | | | | | M-Sa, 8:00a-5:00p | | | | | | | | |
| Ecuador, Guayaquil | | | | | | | | | | | | | | | | | | | | M-F, 8:30a-4:00p | | | | | | | | | | The Philippines, Manila | | | | | | | | | | | | | | | | | Tu-Sa, 8:00a-5:00p | | | | | | | | |
| Guatemala, Guatemala City | | | | | | | | | | | | | | | | | | | | M-F, 8:00a-3:30p**\*** | | | | | | | | | | Zambia, Lusaka | | | | | | | | | | | | | | | | | M-F, 9:00a-3:30p | | | | | | | | |
| Honduras, San Pedro Sula | | | | | | | | | | | | | | | | | | | | M-F, 8:30a-4:00p**\*\*** | | | | | | | | | | United States, Little Rock, AR | | | | | | | | | | | | | | | | | M-F, 8:00a-6:30p**\*\*\*** | | | | | | | | |
| India, Delhi | | | | | | | | | | | | | | | | | | | | M-F, 9:30a-4:30p | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | |
| ***\*****Rural Guatemala visits could start as early as 7:30a.*  ***\*\*****Copan visits could start as early as 6:30a.*  ***\*\*\*****Best time to visit is between 3:00p-6:30p and if visiting during the school year, after classes are out for the day.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Once your application is received, we’ll work closely with you and our field staff to host a wonderful visit with your child!** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Rev. 01/08/19sf** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |