



# ACCESS2SUCCESS

Share Smiles. Inspire Hope. Empower Dreams.

The Mission of Access to Success is that we provide sustainable programs that generate positive change for Nigerian children and their communities.

## A2S “IMPACT YOUTH” INTERNATIONAL VISION TRIP VOLUNTEER APPLICATION



Access to Success  
P.O. Box 154  
Davidson, N.C. 28036  
[info@a2sfoundation.org](mailto:info@a2sfoundation.org)

Hello! Thanks for taking the first step in applying to serve on the Impact Youth International Vision Trip with A2S-Access to Success (A2S), a Christian-based nonprofit. A2S provides sustainable programs that generate positive change for Nigerian children and their communities. A2S was founded by former Davidson College Men's Basketball player Andrew Lovedale out of his continued desire to give back to his native Nigeria and share his philosophy of sports, faith and education with youth who live in struggling communities.

Take time to pray over this application and start filling it out. There are three (3) crucial parts to the process:

1. **The written application.** Please type or neatly print all the parts of this application.
2. **The personal testimony.** Take time to tell us who God is and what God has done in your life, as well as give us a brief overview on the following points:
  - a. Why you feel that you are a good candidate for this joint trip
  - b. If you have any experience or relationship to athletics, especially in coaching or leading teams
  - c. If you have any experience or background in education (tutoring, mentoring, advising, etc.)
  - d. If you have any experience of background in entrepreneurship
  - e. If you have any experience in community service, youth groups, volunteering, etc.
  - f. Your work ethic and preferred style; teamwork capabilities
  - g. Any experience you have traveling internationally or with other cultures/lifestyles and how your understanding of those experiences will help you in new cultural situations

**PLEASE ATTACH YOUR PERSONAL TESTIMONY TO THE PORTION OF THE APPLICATION YOU RETURN.**
3. **References.** Make sure you choose references that will be able to speak to your personal qualities that will benefit this trip and team. You will not be considered for placement without references. By filling out this application, you are taking a closer step to participating on this trip to Nigeria. God will certainly use this experience to impact the people you serve, your fellow teammates, and the rest of your life. Please let us know if there is EVER anything that we can do for you. Part of the calling that God has placed with us is helping those like you. It is an absolute passion of ours! God bless you as you seek HIS best for your life. Enjoy the journey.

## **OUR VISION TEAM**

Anyone with a heart for God and a willingness to serve the children and communities within Nigeria.

You must be 18 years or older to travel alone. If you are a minor less than 16 year of age you must be accompanied by an adult or a guardian to participate on this trip.

## **COST**

Total Costs: \$3,500

That includes the cost of airfare (international and local), ground transportation, exit taxes, accommodations, supplies, meals, trip insurance, and trip preparation training.

Current estimated airfare from the U.S to Nigeria round trip is \$1,500; local in-country airfare is between \$200 and \$250. Prices will be confirmed at least 8 weeks before trip. Airfare prices are subject to change which could require adjustments to the total costs.

-Passports, Visa's and Immunizations are not included in the cost of the trip.

-Immunizations: Up to date routine vaccinations such as Hepatitis A, Hepatitis B and Tetanus as well as country specific should be considered before your travel to Nigeria. Visit the local Passport Health Office or find further information at [www.cdc.gov](http://www.cdc.gov) or <http://www.state.gov/travel/> for more information. Please discuss your immunization history and travel plans with your healthcare professional.

## **PAYMENT INSTALLMENT PLAN**

Application and \$150 deposit due on February 18, 2019 (Non-refundable)

1<sup>st</sup> Installment of \$850 due March 17

2<sup>nd</sup> Installment of \$850 due April 15

3<sup>rd</sup> Installment of \$850 due May 15

Final Installment of \$800 for 10-day trip due June 3

All applicants must mail the completed personal information pages, attached one-page personal testimony, and non-refundable \$150.00 application fee to Access to Success (this amount will be applied towards your total project cost). Please mail checks to PO Box 154, Davidson, NC 28036, payable to Access to Success, with Benin City, Nigeria on the memo line.

## **MISSION OBJECTIVES**

### **Team 1: June 18 – 28, 2019**

During this vision trip, we will be partnering with University of Benin and Gospel Ministries Bible Church to:

- We will run free basketball and empowerment camps for about 500 youth
- We will distribute athletic and educational supplies to youth
- We will spend time with the children at the A2S after school academy where we will get to serve and share meals
- Will assist in the construction of new after-school academy facility
- We will serve at the IDP camp assisting orphans and widows displaced from their homes.
- We will attend church together at Gospel Ministries Bible Church
- We will visit historic sites of the Benin Kingdom as well as tour Lagos, one of the fastest growing cities in the world

### **Team 2: July 1 – July 11, 2018**

During this vision trip, we will be partnering with Gospel Ministries Bible Church to:

- We will assist with ongoing construction of the after-school academy building.
- We will visit the internally displaced camp (IDP) that currently caters to the needs of over 2,500 people displaced by Boko Haram. We will also be distributing basic supplies
- We will conduct a vacation bible school for over 300 children
- We will attend church together at Gospel Ministries Bible Church
- We will visit historic sites of the Benin Kingdom as well as tour Lagos, one of the fastest growing cities in the world
- We will visit the homes of children served by A2S
- We will inspire young Nigerian entrepreneurs through our entrepreneurship boot camp

Please specify your team preference when submitting your application.

## **TRIP SPONSORSHIP**

This trip is under the leadership of A2S. To contact A2S, please email at [info@a2sfoundation.org](mailto:info@a2sfoundation.org).

**PERSONAL INFORMATION (please type or print clearly)**

Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_

Home/Permanent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Mobile Phone (\_\_\_\_\_) \_\_\_\_\_

Best Phone and Time to Reach You \_\_\_\_\_

Email Address: \_\_\_\_\_

Website or blog: \_\_\_\_\_

Current Address (if different from above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Current Employer (if applicable) \_\_\_\_\_

Brief Job Description \_\_\_\_\_

\_\_\_\_\_

Are you affiliated with a Church/School/Civic Group/Company? Yes \_\_\_\_\_ No \_\_\_\_\_

Organization Name: \_\_\_\_\_

## **CRIMINAL INFORMATION**

Have you ever been convicted of, or plead guilty to any criminal offense (other than a juvenile offense now expunged from your record), or released from prison in the past ten years? Have you ever been convicted of or plead guilty to a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe in full: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **STUDENT VOLUNTEERS**

Are you looking to fulfill a school requirement, or will you receive school credit for your service?

Yes \_\_\_ No \_\_\_ If yes, name of school: \_\_\_\_\_

Is this a Service-Learning experience? Yes \_\_\_\_\_ No \_\_\_\_\_ Number of hours needed: \_\_\_\_\_

Deadline to complete hours: \_\_\_\_\_

Major: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

## **APPAREL INFORMATION**

T-Shirt Size: \_\_\_\_\_ (S, M, L, XL, XXL; unisex sizes)

## **PASSPORT/TRAVEL INFORMATION**

Name: (*AS IT APPEARS ON YOUR PASSPORT*)

\_\_\_\_\_

Date of Issue: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Issuing Authority: \_\_\_\_\_

Passport #: \_\_\_\_\_ Country: \_\_\_\_\_

**TRAVEL INFORMATION**

*Please give two possible departure airports for your trip.*

1. \_\_\_\_\_  
City airport

2. \_\_\_\_\_  
City airport

**EXPERIENCE**

Please place a check beside the areas where you have previous experience.

- Sports/Recreation/Coaching
- Medical
- Administration and Support
- Social Justice
- Children and Orphan Ministry
- Computers and Technology
- Construction and Engineering
- Counseling and Hospitality
- Youth or College Ministry
- Creative/Design
- Evangelism & Church Planting
- Humanitarian Aid & Relief work
- Media & Communications
- Performing Arts
- Teaching/Education
- Other \_\_\_\_\_
- Other \_\_\_\_\_

Please list any additional skills that might be helpful and explain how or attach a statement.

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Have you ever served on any other mission/humanitarian projects before? YES NO

If yes, please describe the types of projects, your responsibilities and list the dates.

<b>PROJECTS</b>	<b>DATES</b>	<b>RESPONSIBILITIES</b>

**For additional experience, please attach a piece of paper with to this application**

## PROJECT INFORMATION

Team and volunteer position, you are applying for on this trip:

Team Number: \_\_\_\_\_ Volunteer Interest: \_\_\_\_\_

Other areas of interest:

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## INSURANCE

*Supplemental travelers' insurance will be provided through an outside travel agency*

**Responsibility Release:** If I am accepted for this Access to Success (A2S) project, I wish to make clear my understanding that A2S does not assume any responsibility for loss of property, damage to the same, personal harm or illness that may come; and I, for myself, my heirs, executor, administrators, distributes and assigns, in consideration of my admission to volunteer mission projects and other good and valuable considerations, do hereby absolve said A2S and hold A2S harmless from any claim or demand which I or it might conceivably assert upon the basis of foregoing.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## MEDICAL INFORMATION

Do you have any existing physical condition, which may require medical attention during your project?

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Medications required: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Group ID #: \_\_\_\_\_

Allergies: \_\_\_\_\_

**Please attach a copy of the front and back portions of your insurance card to this application.**

Emergency Contact Information:

(Please list someone outside your home - in the event of an emergency, we would automatically contact your home first, then this backup contact.)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Work/Other Phone: \_\_\_\_\_ Email: \_\_\_\_\_



## REFERENCES

Please select three individuals as references. List your references and other requested information below. A church staff member, campus minister, youth minister, co-worker, friend, someone who has observed you in a situation related to the type of this trip (athletic/educational/service), or someone who has observed your spiritual life/growth are excellent sources for references. Please do not list relatives/household members.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

How long have you known reference? \_\_\_\_\_ Relationship: \_\_\_\_\_

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Name: \_\_\_\_\_ Title: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

How long have you known reference? \_\_\_\_\_ Relationship: \_\_\_\_\_

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Name: \_\_\_\_\_ Title: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

How long have you known reference? \_\_\_\_\_ Relationship: \_\_\_\_\_

## **WAIVER**

**Conditions of Volunteer Participation and Release from Liability:** Access to Success (A2S) desire is to build a community of empowered volunteers dedicated to developing into leaders both physically and spiritually. As a volunteer, I will cooperate in the fulfillment of Access to Success missions, while encouraging others to join in this worthwhile campaign of bringing relief to children in Nigeria. For more information, please visit [a2sfoundation.org](http://a2sfoundation.org) or e-mail [info@a2sfoundation.org](mailto:info@a2sfoundation.org).

**Background Certification:** I certify that all the information provided on this application is true and complete. I authorize the Access to Success staff to investigate and verify all the information I have submitted. Because Access to Success strives to provide a safe environment for children and youth, I understand that Access to Success may order a criminal history check, and I authorize this investigation.

**Volunteer Terms:** I agree to abide by A2S policies, procedures and Code of Conduct. I understand Access to Success do not provide any health benefits (i.e. medical, dental, workers compensation, etc.) or any accident insurance for me as a volunteer; I understand it is my responsibility to provide this coverage. I understand that A2S do not provide volunteer compensation or trade volunteer services for paid mission trips.

**Property Loss:** I understand A2S is not responsible for my personal property lost, damaged or stolen while participating in volunteer activities.

**Medical Treatment:** I give permission for A2S representatives to provide or arrange for emergency care for me, and to arrange for transport to an emergency center for treatment. I consent to medical treatment deemed immediately necessary or advisable by a physician if I am unable to act on my own behalf. I further understand that Access to Success is not responsible for payment for such medical treatment.

**Photograph or Digital Image Permission:** I give permission for A2S to use, without limitation or obligation, photographs or other media that may include my image or voice to promote or interpret Access to Success programs.

**Release from Liability:** I understand that accidents may occur during my volunteer activities. By signing below, I release Access to Success, its agents, directors, consultants, and employees from all liability based on any damage, loss or injury, whether it is the result of ordinary negligence or otherwise, caused to me or my dependent from participation as a volunteer.

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**Volunteer Applicant Signature**

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**Date**

**I also give permission for my dependent to participate in A2S volunteer activities.**

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**Parent or Guardian, if Applicant is under age 18**

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**Date**