ACCESS2SUCCESS
Share Smiles. Inspire Hope. Empower Dreams.

2026 Vision Trip Application

***Spring Trip*:** April 1st - 12th **Summer Trip:** June 15th - 27th

Access to Success' mission is to provide sustainable programs that generate positive change for Nigerian youth and their communities.

PO BOX 154, Davidson, NC 28036 Uchechi@a2sfoundation.org

***Application deadline*:** January 10th, 2026
Uchechi@a2sfoundation.org

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TRAVEL WITH A2S BENIN CITY, NIGERIA

We are thrilled that you are prayerfully considering joining us on the A2S 2026 Vision Trip to Nigeria—a sacred opportunity to witness, participate in, and celebrate the powerful work God is doing through Access to Success (A2S).

This journey represents more than travel; it is an invitation to step onto the harvest field and see, feel, and experience God's transforming work in Nigeria—and in your own heart. For over a decade, God has used these trips to shape lives, strengthen faith, and deepen purpose on both sides of the ocean.

Access to Success is a nonprofit organization serving the children and communities of Benin City, Nigeria, with a vision that every child and individual finds a dignified pathway to a successful life and is empowered to live out God's plan for a future filled with hope.

This year's trip is especially significant. Not only are we celebrating the fruit of the first Season of Promise, but we are also building for the second Season of Promise: the A2S Opportunity, Wellness & Advancement (OWA) Center. The OWA represents the next chapter of God's faithfulness—an expanded vision for holistic development, workforce readiness, entrepreneurship, wellness, and long-term community impact.

During the trip, all activities will take place at the A2S Youth Center, which currently serves over 250 youth through our After-School Academy and supports our scholarship, entrepreneurship, workforce development, and community outreach programs. This center stands as a testimony to what God can build through obedience, partnership, and faith.

Throughout the journey, you will serve alongside the A2S Nigeria team, using your gifts, skills, and experiences to support summer programs, encourage youth, and share the love of Christ in tangible ways. This trip is not only about what you give—it is about how God will meet you, stretch you, and transform you.

We believe that those who answer this call will return changed—more grounded in faith, more aligned in purpose, and more passionate about God's work in the world.

Apply today and take part in this historic 2026 Vision Trip as we celebrate 15 years of impact and step boldly into the next season God has prepared for A2S.

Come journey with us.
Come serve with us.
Come witness what God is doing.

Together, let us continue the mission and marvel at all that God is unfolding.

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Preferred Team: ☐ Spring Trip ☐ Summer Trip

PERSONAL INFORMATION

Full Name: _____
Suffix *First Name* *Last Name*

Age: _____ Date of Birth: ____/_____/_____
MM DD YYYY

Address: _____

City: _____ State: _____ Zip code_____

Email: _____ Phone: (____) -_____ -_____

Occupation: _____

Do you have a valid U.S. passport? ☐ Yes ☐ No

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

*If Yes, Organization Name: _____

Have you participated in similar trips or professional development experiences in the past? If yes, please describe.

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What do you hope to gain or learn from this experience?

EXPERIENCE

Your expertise or talent is a powerful gift that deserves to be shared. During this trip, we would love for you to use your knowledge and talent to serve and support the organization's growth. Select areas in which you have experience.

☐ Administration & Support
☐ Business Administration
☐ Ministry
☐ Computers & Technology
☐ Construction & Engineering
☐ Creative/Design
☐ Entrepreneur
☐ Media & Communications
☐ Medical
☐ Performing Art
☐ Teaching & Education
☐ Social Justice
☐ Sports/Recreation/Coaching
☐ **Select all that apply**

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List any other skills and talents that may be helpful in the mission field. Use this space to elaborate on the above-selected items.

REFERENCE

Please select two individuals as references. Good examples of references are a church staff member, campus minister, youth minister, co-worker, employer, friend, someone who has observed you in a situation related to this type of trip, or someone who has observed your spiritual life/ growth.

1. Full Name: _____
Suffix *First Name* *Last Name*

Email: _____ Phone: (____) -_____ -_____

2. Full Name: _____
Suffix *First Name* *Last Name*

Email: _____ Phone: (____) -_____ -_____

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MORE ABOUT YOU

Take time to tell us your A2S story or your testimony. What does this trip mean to you? (*Attach a written testimony if space is not adequate*)

Are there any fears or anxieties about the trip that you would like prayer for? (*Is there anything about traveling, being in a new environment, or serving that you'd like us to lift up in prayer?*)

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THE A2S WAIVER

Conditions of Volunteer Participation and Release from Liability: As a volunteer, I will cooperate in fulfilling the Access to Success mission while encouraging others to join in this worthwhile campaign of bringing relief and empowerment to children in Nigeria.

Background Certification: I certify that all the information this application provides is true and complete. I authorize the Access to Success staff to investigate and verify all my submitted information. 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 a Code of Conduct. Access to Success does not provide any health benefits or any accident insurance for me as a volunteer; I understand it is my responsibility to provide this coverage. I understand that A2S does not provide volunteer compensation or trade volunteer services for paid mission trips.

Medical Treatment: I permit A2S representatives to provide or arrange emergency care for me and to arrange transport to an emergency center for treatment. If I cannot act on my behalf, I consent to medical treatment deemed immediately necessary or advisable by a physician. Access to Success is not responsible for paying for such medical treatment.

Photograph or Digital Image Permission: I permit 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/Property Loss: I understand that accidents may happen during my volunteer activities. I release Access to Success, including its agents, directors, and employees, from any liability for damage, loss, or injury to myself or my dependent, regardless of negligence. I also understand that A2S is not responsible for any personal property that is lost, damaged, or stolen while I am volunteering.

_____ Date: ___/___/_____

Applicant Signature MM DD YYYY

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