



Marla's House of Hope - Group Application

Organization Information	
Name of Organization	
Street Address	
City	
Postal Code	
Country	
Work Phone	
E-Mail Address	
Website Address	
Not-for-Profit Organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Organization Description
Describe your organization:

Requested Visit Information			
Dates of Visit	From: _____	To: _____	
# of People in Group:	# Males: _____	# Females: _____	
# People by Age group:	< 18: _____	19 - 25: _____	26 - 39: _____ >40: _____

Group Leader Contact Information	
Name	
Street Address	
City	
Home Phone	
Work Phone	
Cell Phone	
E-Mail Address	

Names of people/organizations submitting Reference letters	
Two letters of reference recommending your group to work at a Children's Home are required. If you are a non-Belize based organization, one of these letters must come from a Belize person/organization.	
Name	
Street Address	
City	
Country	
Home Phone	
Work Phone	
Cell Phone	
E-Mail Address	
Name	
Street Address	
City	
Country	
Home Phone	
Work Phone	
Cell Phone	
E-Mail Address	

Person to Notify in Case of Emergency	
Name	
Street Address	
City	
Home Phone	
Work Phone	
Cell Phone	
E-Mail Address	

Group Leader Agreement and Signature

I understand that submitting this information does not guarantee the acceptance of my Group's visit to Marla's House of Hope.

I understand that upon acceptance of my Group's visit that I am totally responsible for the actions and behavior of each member of my Group.

I will ensure that each member conducts him/herself according to the Home Rules set forth by Marla's House of Hope.

Prior to our visit to Marla's House of Hope, I will conduct training with all members of my Group to ensure that they fully understand Marla's House of Hope Home Rules.

I will provide individually signed Consent Forms from each Group member acknowledging that they understand the Code of Conduct required while working at Marla's House of Hope.

By submitting this application, I affirm that the facts set forth in it are true and complete and I affirm that neither I nor any Group member has been convicted or accused of any crime or violation that would deem us unfit to work with children.

Name (printed)	
Signature	
Date	

One Month prior to requested visit, mail completed application and two reference letters to:

**Marla's House of Hope
PO Box 148
Belmopan
Belize**

Marla's House of Hope Use Only	
Date Received	
References Verified	___ Yes ___ No
Group Visit Approved	___ Yes ___ No
Assigned to	
Comments	