



## NOMINATION FORM

**Adventure Is Out There is an experiential program of the Bray Foundation. Our mission is to advance the education and training of new adoption families while focusing on increasing the welfare of family relationships through Disney and other nurturing experiences that encourage family bonding.**

### JANUARY 2019 EXPERIENCE:

This January, your friends at AIOT will be taking 3 very deserving families to Disney World for our next family experience. It'll be filled with memorable moments, family bonding, educational opportunities, and a chance to experience that dream Disney family vacation your new family has always wanted. This experience includes up to 4 round trip airfare tickets + up to 4 daily park tickets + 6-night stay for up to 4 people at a Disney World property hotel + gift card for each family that may be used towards food, beverages, souvenirs, etc. Additional products and services outside of the above parameters will be at the family's expense.

The trip will **take place January 6-12, 2019**. All families will fly into Orlando, FL (MCO airport) on Sunday, January 6th where you will then travel via Disney Magical Express to our hotel. During the week, 4 of the 5 days will be spent visiting one of the four parks each day. The remaining day will be free time for the families to enjoy the hotel amenities, the hotel pool, Disney Springs or just take a relaxing day off. Flights out of MCO will occur on Saturday, January 12th. Final trip details will be provided as the dates get closer, however please make sure your work schedules and your child(s) school allow for this time off without interference. We look forward having your family join us on this adventure!

### FAMILY QUALIFICATIONS:

- a. Parents of the adopted individual(s) are the only people who can nominate their families.
- b. Families must be new, first time adoption parent(s) having never adopted before.
- c. Families must have legally adopted individual and have spent a minimum 1+ years together. (can include foster years)
- d. Those adopted must be between the ages of 5-12 years old.
- e. Collectively, the families must not have visited the destination being awarded.
- f. Families have not been awarded an experience with AIOT or any other wish granting organizations previously.
- g. Family must supply a copy of both a court order and birth certificate for each adopted individual. No exceptions.
- h. AIOT will pay for up to 4 total immediate family members. Other members are welcome to come at their own expense.  
*\* Please be advised, AIOT does not provide medical expenses/assistance for existing conditions during this experience. It will be the sole responsibility of the families to fulfill this need.*

### FORM INSTRUCTIONS:

Families must meet specific criteria and fill out the required Form(s) in order to qualify. Open enrollment for this trip will end **November 6, 2018**. Please be sure to scan in your completed pages and then email to [info@adventure.ngo](mailto:info@adventure.ngo) by this time. Your submission must contain ALL the forms included here in order to be accepted, including the above mentioned copies of the court order and birth certificate documents. Please submit ALL documents together at the same time to facilitate and expedite the submission process. You will receive a confirmation email to confirm receipt of your application. If you have any questions please use the Contact Us form on the website.



**NOMINATION FORM CONT.**

*Read & fill out completely | Print clearly & legibly*

**1) Marketing Questions:**

a. How did you find out about AIOT? \_\_\_\_\_

\_\_\_\_\_

b. What are future experiences you think AIOT should offer? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**2) Adopted Individual #1 Information:**

a. What is the individuals full legal adopted name? \_\_\_\_\_

b. Gender? \_\_\_\_\_ c. Age? \_\_\_\_\_ d. Date of Birth? (mm/dd/yyyy) \_\_\_\_\_ e. Grade level? \_\_\_\_\_

*\* Please have the individual's Primary Physician fill out the attached PHYSICIANS FORM on page 6.*

**3) Adopted Individual #2 Information:** *(applicable if 2nd child was adopted at the same time as Individual #1)*

a. What is the individuals full legal adopted name? \_\_\_\_\_

b. Gender? \_\_\_\_\_ c. Age? \_\_\_\_\_ d. Date of Birth? (mm/dd/yyyy) \_\_\_\_\_ e. Grade level? \_\_\_\_\_

*\* Please have the individual's Primary Physician fill out the attached PHYSICIANS FORM on page 7.*

**4) Parent Information:** *(filled out by individual completing the application and will be the primary point of contact)*

a) What is your full legal name? \_\_\_\_\_

b) What is your relationship to the individual? \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other

If other, please explain: \_\_\_\_\_

\_\_\_\_\_

c) What is your date of birth? (mm/dd/yyyy) \_\_\_\_\_

d) What is your complete home address? \_\_\_\_\_

\_\_\_\_\_

e) What is the best email address to contact you? \_\_\_\_\_

f) Home phone number? \_\_\_\_\_ g) Cell phone number? \_\_\_\_\_



**NOMINATION FORM CONT.**

Read & fill out completely | Print clearly & legibly

**5) Family Information:** *(not all may be applicable)*

Including yourself, please provide the full legal name, age, date of birth, and relationship of each of your immediate family members to the adopted individual(s).

Full Name	Age	Date of Birth	Relationship to Adopted Individual(s)
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____

**6) General Information:**

a. What is the family's primary spoken language? \_\_\_\_\_

b. Is your family in good health and physical condition for this experience? \_\_\_\_ Yes \_\_\_\_ No

If no, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c. Aside from your adopted individual(s) are there any medical or psychological diagnosis/needs in your immediate family?

\_\_\_\_ Yes \_\_\_\_ No

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

d. How many months/years has the adopted individual(s) been with your family? *Include fostered years.* \_\_\_\_\_

e. What was the official date your adopted individual(s) joined your family? \_\_\_\_\_

f. Has the adopted individual(s) ever received a trip from AIOT or any other wish granting organizations? \_\_\_\_ Yes \_\_\_\_ No

If yes, which organization and when: \_\_\_\_\_  
\_\_\_\_\_



**NOMINATION FORM CONT.**

*Read & fill out completely | Print clearly & legibly*

g. Has this adopted individual(s) ever visited the destination being awarded? \_\_\_\_Yes \_\_\_\_No

h. Have any family members visited the destination/experience being awarded? \_\_\_\_Yes \_\_\_\_No

i. Including your adopted individual(s), has your family vacationed together before? \_\_\_\_Yes \_\_\_\_No

If yes, where and when: \_\_\_\_\_  
\_\_\_\_\_

j. Have you submitted an application with AIOT before? \_\_\_\_Yes \_\_\_\_No

If yes, when: \_\_\_\_\_

k. Is anyone in your family involved in litigation? \_\_\_\_Yes \_\_\_\_No

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

l. Based on the AIOT experience your family is nominating itself for, are you applying with any other wish granting organizations for a similar event? \_\_\_\_Yes \_\_\_\_No

If yes, please explain which organization and how long your family has been listed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

m. Would this experience be possible without the help of AIOT? \_\_\_\_Yes \_\_\_\_No

Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

n. If selected, would AIOT be able to use your adoption story to help fund raise for this and future trips? \_\_\_\_Yes \_\_\_\_No

If no, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**NOMINATION FORM CONT.**

*Read & fill out completely | Print clearly & legibly*

**6) Physicians Forms:** *(Refer to the 2 PHYSICIANS FORMS on pages 6 and 7)*

A total of 2 Physician Forms are required to be filled out to be considered for a nomination. Parents, please have your child(s) Physician fill out the form and return it to you so you can include it with your final nomination form. Please include the forms with the other pages here. DO NOT submit separate from other documents.

**7) Reference Forms:** *(Refer to the 4 REFERENCE FORMS on pages 8, 9, 10 and 11)*

A total of 3 references will be required and used as an evaluation tool. A reference from the child(s) social worker/counselor is SPECIFICALLY REQUIRED. Please see that we have provided 2 forms for the social worker/counselor in the case that you have 2 adopted children that you are including in your nomination. Please include the forms with the other pages here. DO NOT submit separate from other documents.

**9) Release**

I represent that the information provided is true and accurate and acknowledge that it is being relied upon and may be investigated, including, but not limited to any criminal background or reference checks. I hereby authorize the release of such information without liability to Adventure Is Out There, its affiliates and subsidiaries, and their respective officers, directors, employees, or agents ("Releasees"). I HEREBY WAIVE, RELEASE AND DISCHARGE RELEASEES FROM ANY LIABILITY ARISING FROM THE RELEASE OF SUCH INFORMATION, INCLUDING ANY LIABILITY THAT MAY ARISE FROM A NEGLIGENT ACT OR OMISSION OF RELEASEES. I further acknowledge that Releasees operate a website or may engage in other marketing and public awareness activities that may include the use of my image or likeness. I hereby perpetually convey, transfer and assign all right, title and interest to Releasees in and to any images, text, quotes, comments, endorsements, videos, likeness, film, audio, audio-visual, graphic or verbal depictions of any kind of me while involved in any activities with Releasees (the "Content") without any consideration to me of any kind. The Content, including the copyright and all other rights therein, shall be Releasees' sole and exclusive property and I hereby grant and assign all rights of any nature in and to the Content. I agree that the Content may be combined with other images, text, graphics, and film audio and audio-visual works; and may be cropped, altered or modified. I acknowledge that travel comes with its own inherent risks and that should I be selected to participate in Releasees' activities, I accept that there are certain risks associated with such participation. I, HEREBY FOREVER AND UNCONDITIONALLY WAIVE AND RELEASE, DISCHARGE AND AGREE TO HOLD HARMLESS Releasees from and against any and all claims, liability and/or causes of actions I may have or that may be made on my behalf or by my spouse, children, heirs and legal representatives, for death, wrongful death, personal injury (whether physical, emotional and/or psychiatric or any combination thereof), loss of consortium, property damage and/or breach of contract or any other damage, occasioned by, arising out of or incidental to my participation in the activities or services provided by Releasees WHETHER OR NOT RESULTING FROM OR CAUSED BY THE NEGLIGENCE OF AND/OR THE PART OF RELEASEES.

Parent Name: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_



**PHYSICIANS FORM #1**

*This form is ONLY to be filled out by ADOPTED INDIVIDUAL #1's Primary Physician.  
Read & fill out completely | Print clearly & legibly*

**1) Physician Information:**

- a. First and Last Name: \_\_\_\_\_ b. Phone Number: \_\_\_\_\_  
c. Email: \_\_\_\_\_ d. Position Title: \_\_\_\_\_  
e. Child's First and Last Name: \_\_\_\_\_

**2) Medical Information:**

- a. In your professional opinion, what is the estimated developmental age of this child? \_\_\_\_\_  
b. Do you feel it is safe for this child to participate in a trip to Disney World? \_\_\_\_ Yes \_\_\_\_ No  
Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
c. Do you feel that an experience like this would contribute to the well being of this child? \_\_\_\_ Yes \_\_\_\_ No  
Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
d. Will a trip January 6-12, 2019 interfere with medical treatments or appointments? \_\_\_\_ Yes \_\_\_\_ No  
Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
e. Does this child function well within a group environment/setting? \_\_\_\_ Yes \_\_\_\_ No  
Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
f. Please indicate any additional comments/medical requirements/helpful information: (i.e. allergies, etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician Name: \_\_\_\_\_ Physician Signature: \_\_\_\_\_



**PHYSICIANS FORM #2**

*This form is ONLY to be filled out by ADOPTED INDIVIDUAL #2's Primary Physician. (if applicable)  
Read & fill out completely | Print clearly & legibly*

**1) Physician Information:**

- a. First and Last Name: \_\_\_\_\_ b. Phone Number: \_\_\_\_\_  
c. Email: \_\_\_\_\_ d. Position Title: \_\_\_\_\_  
e. Child's First and Last Name: \_\_\_\_\_

**2) Medical Information:**

- a. In your professional opinion, what is the estimated developmental age of this child? \_\_\_\_\_  
b. Do you feel it is safe for this child to participate in a trip to Disney World? \_\_\_\_ Yes \_\_\_\_ No  
Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
c. Do you feel that an experience like this would contribute to the well being of this child? \_\_\_\_ Yes \_\_\_\_ No  
Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
d. Will a trip January 6-12, 2019 interfere with medical treatments or appointments? \_\_\_\_ Yes \_\_\_\_ No  
Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
e. Does this child function well within a group environment/setting? \_\_\_\_ Yes \_\_\_\_ No  
Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
f. Please indicate any additional comments/medical requirements/helpful information: (i.e. allergies, etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician Name: \_\_\_\_\_ Physician Signature: \_\_\_\_\_



**REFERENCE FORM #1 - SOCIAL WORKER/COUNSELOR**

*This form is to be filled out by the families social worker/counselor of **ADOPTED INDIVIDUAL #1**.  
Read & fill out completely | Print clearly & legibly*

**Reference:** *(Please be advised that all references will be authenticated by AIOT.)*

a. Referrer First and Last Name: \_\_\_\_\_ b. Phone Number: \_\_\_\_\_

c. Email: \_\_\_\_\_ d. Child you are Referring: \_\_\_\_\_

e. Relationship to Child: \_\_\_\_\_

f. Please explain why an experience like this would be positive and contribute to the well being of this child.

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g. Please explain how the child functions within a group environment/setting.

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h. Reference Summary: *(Please explain why the child is a good candidate for this experience and how they will benefit from it.)* \_\_\_\_\_

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Referrer Name: \_\_\_\_\_ Referrer Signature: \_\_\_\_\_

*By signing this document, you certify that all statements provided here are true and correct to the best of your knowledge and grant us permission to contact you, if needed.*





**REFERENCE FORM #2 - SOCIAL WORKER/COUNSELOR**

*This form is to be filled out by the families social worker/counselor of **ADOPTED INDIVIDUAL #2**. (if applicable)  
Read & fill out completely | Print clearly & legibly*

**Reference:** *(Please be advised that all references will be authenticated by AIOT.)*

a. Referrer First and Last Name: \_\_\_\_\_ b. Phone Number: \_\_\_\_\_

c. Email: \_\_\_\_\_ d. Child you are Referring: \_\_\_\_\_

e. Relationship to Child: \_\_\_\_\_

f. Please explain why an experience like this would be positive and contribute to the well being of this child.

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g. Please explain how the child functions within a group environment/setting.

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h. Reference Summary: *(Please explain why the child is a good candidate for this experience and how they will benefit from it.)* \_\_\_\_\_

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Referrer Name: \_\_\_\_\_ Referrer Signature: \_\_\_\_\_

*By signing this document, you certify that all statements provided here are true and correct to the best of your knowledge and grant us permission to contact you, if needed.*



**REFERENCE FORM #3 - FAMILY MEMBER/FRIEND**

*This form is to be filled out by the **FAMILY MEMBER OR FRIEND** providing the family's reference.  
Read & fill out completely | Print clearly & legibly*

**Reference:** *(Please be advised that all references will be authenticated by AIOT.)*

a. Referrer First and Last Name: \_\_\_\_\_ b. Phone Number: \_\_\_\_\_

c. Email: \_\_\_\_\_ d. Family you are Referring: \_\_\_\_\_

e. Relationship to Family: \_\_\_\_\_

f. Please explain why an experience like this would be positive and contribute to the well being of the family.

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

g. Reference Summary: *(Please explain why the family is a good candidate for this experience and how they will benefit from it.)* \_\_\_\_\_

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Referrer Name: \_\_\_\_\_ Referrer Signature: \_\_\_\_\_

*By signing this document, you certify that all statements provided here are true and correct to the best of your knowledge and grant us permission to contact you, if needed.*



**REFERENCE FORM #4 - FAMILY MEMBER/FRIEND**

*This form is to be filled out by the **FAMILY MEMBER OR FRIEND** providing the family's reference.  
Read & fill out completely | Print clearly & legibly*

**Reference:** *(Please be advised that all references will be authenticated by AIOT.)*

a. Referrer First and Last Name: \_\_\_\_\_ b. Phone Number: \_\_\_\_\_

c. Email: \_\_\_\_\_ d. Family you are Referring: \_\_\_\_\_

e. Relationship to Family: \_\_\_\_\_

f. Please explain why an experience like this would be positive and contribute to the well being of the family.

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g. Reference Summary: *(Please explain why the family is a good candidate for this experience and how they will benefit from it.)* \_\_\_\_\_

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Referrer Name: \_\_\_\_\_ Referrer Signature: \_\_\_\_\_

*By signing this document, you certify that all statements provided here are true and correct to the best of your knowledge and grant us permission to contact you, if needed.*