

## Application for Sponsorship

# Touch a Life

*A child sponsorship ministry of the Final Frontiers Foundation, Inc.*

I.D. \_\_\_\_\_

### Personal Information on the child:

Name: **Edy Javier Baquedano Espinal**

Name child is called by if different: **Pedi**

Birthday (d/m/y): **March 13<sup>th</sup> of 1997**

Nationality: **Honduran**

Country: **Honduras**

Town: **San Juan de Flores**

What is the child's current status?

- ☐ Orphan
- ☐ Abandoned
- ☒ **Destitute**
- ☐ Other

Please write a story about how the child became orphaned or destitute or abandoned. (Make it as detailed as possible and use additional paper if necessary.)

**No funds are available because the father doesn't earn a lot of money working as a farm hand.**

**Family Information:**

Does the child have any natural brothers or sisters?  
(If the answer is yes, please list their names and current ages.)

Name:	Age:
<b>Cristian Josue Baquedano</b>	

Name:	Age:
<b>Jose Omar Baquedano</b>	

Name:	Age:
<b>Melvin Daniel Baquedano</b>	

Name:	Age:

Name:	Age:

Name:	Age:

Name:	Age:

Name:	Age:

Name:	Age:

Name:	Age:

What is the child's eye color?

**Black**

What is the child's hair color?

**Black**

What language(s) does the child speak?

**Spanish**

What are the typical foods eaten by the child?

**Rice and beans**

What is the child's favorite color?

**Blue**

Has the child ever gone to school?

**Yes**

What is the last grade completed?

**1<sup>st</sup> grade**

Is the child currently attending school? If not, why not?

**Yes he goes to school.**

If the child has toys, what does he like the most?

**He has none.**

What toys does the child wish to have?

**Cars, planes and a bicycle.**

What is the father's name?

**Jose Solano Baquedano**

What is the father's occupation and weekly salary?

**Farm worker, 50 Lempiras. (\$2.50)**

What is the mother's name?

**Deisy Nohemi Espinal**

What is the mother's occupation and weekly salary?

**Not available.**

Describe the specific living conditions of the child in detail. List the child's material possessions.

**He sleeps in a bed made of wood. The bed has straps across it to hold a mattress if they have one.**

**He eats from a plastic cup. They have no plates.**

**They have no furniture except for several small wooden stools.**

Describe the condition of the house and living area. (please include photographs)

**Same as above. They did not answer this question so we must speculate on their condition based on our knowledge of the area. Probably they were embarrassed to talk about their living conditions.**

**This family has a small house that is most likely made from adobe mud bricks. They probably have a dirt floor and a tin roof. This is common for the poorer people in this area. If they are extremely poor they will have a roof made from palm braches. It is likely that they have no electricity or running water or bathroom or kitchen. They must cook outside on a hand made adobe mud stove.**

#### **Spiritual Information:**

Has the child accepted Christ as their personal Savior?

**No.**

Does the child attend Sunday School regularly? If not, why not?

**No.**

What is the name of the church?

**Not available.**

What city is the church in?

**Not available.**

What is the pastor's name?

**Not available.**

Does the child have a favorite Bible story or verse?

**No.**

**Medical Information:**

Does a doctor examine the child regularly?

**Yes.**

Does the child have any physical or mental handicaps? (If yes, please explain.)

**He has chest problems and his eyes have a problem as well. He has difficulty breathing. This is probably due to the fact that the house fills with smoke when they cook or light a fire for warmth.**

What is the child's height?

**4 ft and 2 inches**

weight?

**49 pounds**

**Placement Information:**

Where is the child now living?

- ☐ Orphanage
- ☐ Christian Home
- ☒ **With their own family**
- ☐ Other (please explain)

**Financial Accountability:**

Will the child be willing to acknowledge (when asked in person or in writing) that they receive financial support from Final Frontiers Foundation / Touch a Life?

**Yes.**

Will an adult be appointed to help the child to complete the letters, which will be given to the sponsor?

**No.**

Who?

**No, he can write the letters.**

**Summary:**

If you would like to give us any information other than what was asked, please do so here.

This application was translated by: **Nolin Vargas**

Date (d/m/y): **September 15, 2005**

This application was approved by (pastor): **Flavio Varela**

Date (d/m/y): **July 18, 2005**

This application was approved by (director): **Flavio Varela**

Date (d/m/y): **July 18, 2005**

Application for Sponsorship

TRADUCIDO

# Touch a Life

A child sponsorship ministry of the Final Frontiers Foundation, Inc.

I.D. \_\_\_\_\_

**Personal Information on the child:**

Informacion Personal del Niño

Name: Edy Javier baquedano Espinal.  
Nombre

Name child is called by if different: Pedi  
Otro Nombre o Apodo

Birthday (d/m/y): 13 - 03 - 97  
Cumpleaños

Nationality: Hondureño  
Nacionalidad

Country: Honduras  
Pais

Town: San Juan de Flores  
Pueblo

**What is the child's current status?**

Condicion del Niño

- ☐ Orphan (Huerfano) N/A
- ☐ Abandoned (Abandonado) N/A
- ☐ Destitute (Pobre viviendo con su familia) Si
- ☐ Other (si es otro entonces explique) N/A

MVC 101F



Please write a story about how the child became orphaned or destitute or abandoned. (Make it as detailed as possible and use additional paper if necessary.)

Porfavor Escribe una pequeña historial de como el niño llego a ser orfano o Pobre o abandonado. Use muchos detalles si es posible. Si es mucho, Utilice otro papel.

N/A

porque el papa no gana mucho  
trabajando en el campo

!

**Family Information:**

Información de la Familia

Does the child have any natural brothers or sisters?

(If the answer is yes, please list their names and current ages.)

Si el Niño tiene hermanos, escribe sus nombres y edades

Name:	<u>Cristian Josué baquedano</u>	Age:	_____
Nombre		Edad	_____
Name:	<u>Jose Omar baquedano</u>	Age:	_____
Nombre		Edad	_____
Name:	<u>melvin Daniel baquedano.</u>	Age:	_____
Nombre		Edad	_____
Name:	_____	Age:	_____
Nombre		Edad	_____
Name:	_____	Age:	_____
Nombre		Edad	_____
Name:	_____	Age:	_____
Nombre		Edad	_____
Name:	_____	Age:	_____
Nombre		Edad	_____
Name:	_____	Age:	_____
Nombre		Edad	_____
Name:	_____	Age:	_____
Nombre		Edad	_____

What is the child's eye color?

Color de Ojos del Niño NEGROS

What is the child's hair color?

Color de Pelo del Niño negro

What language(s) does the child speak?

Que Idioma Habla el Niño ESPAÑOL

What are the typical foods eaten by the child?

Que Tipo de Comida come el Niño ARROZ y Frijoles

What is the child's favorite color?

El color favorito del Niño Azul

Has the child ever gone to school?

Si el Niño has asistado la escuela

What is the last grade completed?

Cual fue el ultimo grado completado

Si

1º grado

Is the child currently attending school? If not, why not.

Si no va a la escuela entonces porque

si va Ala escuela.

If the child has toys, what does he like the most?

Que juguetes tiene el Niño

No

What toys does the child have?

Que Juguetes le gustaria tener

carros, avion, Bicicleta

What is the father's name?

Nombre del Padre

Jose Salano baguedano

What is the father's occupation and weekly salary?

En que trabaja el Padre y cuanto Gana

Agricultura, 50 Lempiras

What is the mother's name?

Nombre de su madre

Deisy nohemi Espinol

What is the mother's occupation and weekly salary?

Trabajo de su madre y cuanto gana

NO /A

Describe the specific living conditions of the child in detail. List the child's material possessions.

Detalle las condiciones en como vive el niño con detalles incluyendo su casa

Duerme En cama de madera  
comes en taza plastica  
no tiene muebles  
tiene Bancos de madera.

Describe the condition of the house and living area. (please include photographs)  
Detalle la condition de su casa incluyendo como duerme y sus muebles

Duerme En cama de madera  
come en taza plastica  
no tiene muebles.  
2 Banquitos de madera.

**Spiritual Information:**

Informacion Espiritual

Has the child accepted Christ as their personal Savior? NO  
Ha aceptado a Cristo el niño

Does the child attend Sunday School regularly? If not, why not?  
Si el Niño va a la escuela dominical y si no porque

NO

What is the name of the church? N/A  
Nombre de la Iglesia

What city is the church in? N/A  
En que pueblo esta la Iglesia

What is the pastor's name? N/A  
Nombre del Pastor

Does the child have a favorite Bible story or verse?  
Cual es el Versiculo favorito del Niño

NO



**Medical Information:**

Informacion Medico

Does a doctor examine the child regularly? Si  
Si el Niño es examinado regularmente por un doctor

Does the child have any physical or mental handicaps? (If yes, please explain.)  
Si el Niño tiene algun problema de salud o mental (Si tiene, Explique)

Parece de la vista  
Del pecho

What is the child's height? 4 pies 2 pulgadas weight? 49 Libras  
Cuanto Mide el Niño Peso

**Placement Information:**

Informacion General

Where is the child now living? (Con quien vive el Niño en este momento) con la familia

- ☐ Orphanage (orfanato)
- ☐ Christian Home (con una familia Cristiana)
- ☒ With their own family (con su familia)
- ☐ Other (please explain) (Otro)

N/A  
NO  
Si  
NO

**Financial Accountability:**

Requesitos de Ayuda

Will the child be willing to acknowledge (when asked in person or in writing) that they receive financial support from Final Frontiers Foundation / Touch a Life?

El Niño promete cuando es preguntado decir que sus ayudas vienen de el programa Touch a Life

Si Si o NO

Will an adult be appointed to help the child to complete the letters, which will be given to the sponsor? NO

Si el Niño va necesitar ayuda de un adulto para escribir sus cartas

Who? El Las va hacer  
Quien

**Summary:**

**Informacion Final**

If you would like to give us any information other than what was asked, please do so here.

Si hay algo que no preguntamos y es importante que sepamos del Niño, escribelo aqui

NO / A

This application was translated by: \_\_\_\_\_  
Firma del Traductor

Date (d/m/y): \_\_\_\_\_  
Fecha

This application was approved by (pastor): *[Signature]*  
Firma del Pastor que lo aprobo

Date (d/m/y): *July 18, 2005*  
Fecha

This application was approved by (director): \_\_\_\_\_  
Firma del Director del programa

Date (d/m/y): \_\_\_\_\_  
Fecha