

Application for Sponsorship

# Touch a Life

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

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

**Personal Information on the child:**

Name:

**Maicol Jair Sierra Janes**

Name child is called by if different:

Birthday (d/m/y):

**2/ March/ 1999**

Nationality:

**Honduran**

Country:

**Honduras**

Town:

**San Juan de Flores. Las Lajitas**

What is the child's current status?

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

**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: **20**  
**Lidia Judith Martinez Janes**

Name: Age: **18**  
**Lessy Anahi Martinez Janes**

Name: Age: **16**  
**Abigail Estefany Martinez Janes**

Name: Age: **8**  
**Aurora Marina Janes**

Name: Age:

Name: Age:

Name: Age:

Name: Age:

Name: Age:

What is the child's eye color?

**dark brown**

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, beans, chicken**

What is the child's favorite color?

**pink**

Has the child ever gone to school?

**yes**

What is the last grade completed?

**kindergarten**

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

**No, the family cannot afford the uniform, shoes and supplies.**

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

**cars, toys**

What toys does the child wish to have?

**A bike, cars and planes.**

What is the father's name?

**He does not know his father.**

What is the father's occupation and weekly salary?

**Unknown. He gives no help to the family.**

What is the mother's name?

**Gloria Marina Janes**

What is the mother's occupation and weekly salary?

**She works as a maid. She makes L.3000 a month. (\$150)**

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

**They live in an adobe house with an aluminum ceiling. They sleep on a single wooden bed with sheets and a mattress. He has no school uniform, very little clothes and a single pair of shoes. They live with his grandparents.**

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

**They have a plastic table, 4 chairs, cement floor, a bathroom, running water and electricity. They do not have a kitchen so all the cooking must be done outside on an adobe stove.**

**Spiritual Information:**

Has the child accepted Christ as their personal Savior?

**yes**

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

**yes**

What is the name of the church?

**Bautista Gracia (Grace Baptist)**

What city is the church in?

**San Juan de Flores**

What is the pastor's name?

**Flavio Varela**

Does the child have a favorite Bible story or verse?

**John 11:35**

**Medical Information:**

Does a doctor examine the child regularly?

**no**

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

**Suffers form stomach and headaches. This is probably due to the worms or parasites that are common for poorer people. We do not know the reason for the headaches.**

What is the child's height?

**3`9**

weight?

**45 lbs.**

**Placement Information:**

Where is the child now living?

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

**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?

**yes**

Who?

**His grandmother**

**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 11, 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**

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# Touch a Life

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

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

**Personal information on the child:**

Información Personal del Niño

Name: maicol Jair Sierra Jones  
Nombre

Name child is called by if different: NO  
Otro Nombre o Apodo

Birthday (day): 02 - 03 - 99  
Cumpleaños

Nationality: Hondureño  
Nacionalidad

Country: Honduras  
País

Town: San Juan de Flores, Las Vigas  
Pueblo

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

Condición del Niño

- ☐ Orphan (Huérfano)
- ☐ Abandoned (Abandonado)
- ☒ Destitute (Pobre viviendo con su familia)
- ☐ Other (si es otro entonces explique)

TRADUCIDO

WUC073F6105

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.)

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

Siempre ha sido el niño



**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:	Lidia Judith martinez jones	Age:	20
Nombre:		Edad:	
Name:	Leisy Anahi martinez jones	Age:	18
Nombre:		Edad:	
Name:	Abigail edefony martinez jones	Age:	16
Nombre:		Edad:	
Name:	Auxora marina jones	Age:	8
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 cafe oscuro

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, frijoles y pollo.

What is the child's favorite color?

El color favorito del Niño rosado.

Has the child ever gone to school?

Si el Niño has asistido la escuela Si

What is the last grade completed?

Cual fue el ultimo grado completado  
5ta Kinder

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

Si no va a la escuela entonces porque

---

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

Que juguetes tiene el Niño

carros, pickings

What toys does the child have?

Que Juguetes le gustaria tener

una bicicleta, carros, Aviones.

What is the father's name?

Nombre del Padre

No ayuda.

What is the father's occupation and weekly salary?

En que trabaja el Padre y cuanto Gana

(no le ayuda)

What is the mother's name?

Nombre de su madre

gloria marina Iones.

What is the mother's occupation and weekly salary?

Trabajo de su madre y cuanto gana

Acuadora, gana 3000. Al mes. (pero es madre soltera)

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

casa de Adoves, techo sin, cama de madera.

cabijas. colchoneta. no tiene uniforme.

tiene poca Ropa, y un par de zapatos.

Vive con sus abuelos maternos.

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

casade adoves. techo de zin, una mesa plastica  
y sillas, El piso de cemento. tiene baño  
pila. Luz Electrica agua potable.  
La casa tiene cocina, sala y cuarto.

**Spiritual Information:**

Informacion Espiritual

Has the child accepted Christ as their personal Savior? Si  
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 Si

What is the name of the church? Bautista gracia  
Nombre de la Iglesia

What city is the church in? San Juan de Flores  
En que pueblo esta la Iglesia

What is the pastor's name? Flavio Varela  
Nombre del Pastor

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

San Juan : 11 : 35

**Medical Information:**

Información Médico

Does a doctor examine the child regularly? NO

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 algún problema de salud o mental (Si tiene, Explique)

Dolor de estomago.

Dolor de cabeza.

What is the child's height? 3 ft 9 pulgadas weight? 45 Libras

Cuanto Mide el Niño

Peso

**Placement Information:**

Información General

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

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

Con sus abuelos.

**Financial Accountability:**

Requisitos 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? Si

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

Who? De la familia

Quien

N.A.

**Summary:**  
Información Fiscal

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, escríbelo aquí

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

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

This application was approved by (pastor): \_\_\_\_\_  
Firma del Pastor que lo aprueba

Date (d/m/y): July 13, 2005  
Fecha

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

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