SHORT TERM MISSIONS TEAM

Participant Application

steeleheights baptist church

APPLICANT INFORMATION			
Last Name	First		Initial
Street Address			Apartment/Unit #
City	Prov.		Postal Code
Phone	E-mail Address		
Date of Birth: Y/M/D / /	Age:	Gender: Male ☐ Female ☐	
**** Applicants under the age of 16 will require parental permission and additional completion of documents.			

TRAVEL DOCUMENTS AND INFORMATION					
Are you a Canadian citizen?	YES ☐	NO ☐	Have you had a Police Check within the last year?	YES ☐	NO ☐
Do you have a Valid Canadian Passport?	YES ☐	NO ☐	Have you ever been convicted of a indictable offence?	YES ☐	NO ☐
Passport Number:			Date of Expiry**: Y/M/D	/ /	
** Date of expiry must be a minimum of 6 months after your scheduled return date. ** **Please include a photocopy of your valid passport with this application.**					

EDUCATION INFORMATION	
List any degrees, diplomas or certificates you have attained:	
College/ University	Diploma
College/ University	Diploma
Other	Other
Are you First Aid Certified? YES ☐ NO ☐	

REFERENCES: 3 different types of references are required. See descriptions below. (References cannot be members of the same team.) **PLEASE CONTACT YOUR REFERENCES PRIOR TO SUBMITTING THIS APPLICATION.** References will be asked about Applicants strengths and weaknesses.

Pastoral or Ministry Reference: This should be an individual who is aware of your Faith and walk with God

Full Name				Relationship	
How long have you known this person?		Phone	( )	E-mail	

Character Reference: This should be an individual who has led you in Ministry/Charitable/Team Organization work

Full Name				Relationship	
How long have you known this person?		Phone	( )	E-mail	

Personal Reference: This should be an individual who knows you well as an individual – not related to you in family

Full Name		Relationship	

How long have you known this person?		Phone	( )	E-mail	

CURRENT EMPLOYMENT (RETIRED FROM):	Employed YES ☐ NO ☐
Company	Phone ( )
Job Title	How long at this job?
Responsibilities	

SKILLS

Do you speak any additional languages?	YES ☐	NO ☐	What?
Fluency?	Basic ☐	Intermediate ☐	Advanced (Fluent) ☐

Do you have experience in the following areas:

Framing/Construction?	☐	Brick & Mortar Construction?	☐	Trusses & Roofing?	☐
Electrical?	☐	Plumbing?	☐	Welding?	☐
Music?	☐	Children's Ministry?	☐	Drama?	☐
Arts/Crafts?	☐	Sports?	☐	Teaching?	☐
Preaching/Public Speaking?	☐	Painting?	☐	Cooking for Lrg Group?	☐
Other?	☐	Other?	☐	Other?	☐

Are there any of these areas you would not feel comfortable in doing?

Explain:

Is there something specific that you would like to participate in/experience on this trip?

MEDICAL INFORMATION

PHYSICIAN INFORMATION

Physician's Name	
Address:	Phone: ( )
	Have you had a physical exam within the last year? YES ☐ NO ☐

MEDICAL INSURANCE INFORMATION

Provincial Health Care	Do you have additional Travel Medical Insurance? YES ☐ NO ☐
Additional Medical Coverage:	Policy # Phone: ( )
Is there a requirement to contact your provider prior to seeking any medical attention?	YES ☐ NO ☐

Other

MEDICAL HISTORY

How would you rate your general health? Excellent ☐ Good ☐ Fair ☐ Poor ☐

Have you had or been advised to have a surgical operation within the last 3 years? YES ☐ NO ☐

If YES, explain:

Please indicate if you HAVE/HAD any of the following medical problems:

Heart Disease	☐	High Cholesterol	☐	Cancer	☐
Asthma/Lung Disease	☐	Kidney Disease	☐	Depression	☐
High/Low Blood Pressure	☐	Thyroid Problem	☐	Coagulation	☐
Diabetes	☐	Seizures	☐	Mental Illness	☐
Other?	☐	Other?	☐	Other?	☐

Are there any of these you feel would limit you while serving on this team?

Explain:

MEDICATIONS

Please list <u>all prescription and non-prescription</u> medicines you are taking:

Medicine	Reason	Medicine	Reason

ALLERGIES

Please list all allergies you have to drugs, food or other items:

Allergy	Reaction	Allergy	Reaction

Do you require (and carry) an EpiPen for any of these allergies? YES ☐ NO ☐

Explain:

IMMUNIZATION HISTORY

Please indicate if you are current with these immunizations:

Hepatitis A	☐	Hepatitis B	☐	Tetanus	☐
Typhoid	☐	Yellow Fever	☐	Other?	☐

PLEASE NOTE: FURTHER MEDICAL DOCUMENTATION MAY BE REQUIRED WHICH INCLUDES MEDICAL DOCTOR EVALUATION AND/OR PURCHASE OF ADDITIONAL MEDICAL INSURANCE COVERAGE.

SPIRITUAL JOURNEY		
Name of Church you are currently attending:		
Pastors Name:	Phone: ( )	
How long have you attended this church?	May we contact your Pastor as a reference?	YES ☐ NO ☐
SPIRITUAL FOUNDATIONS		
Briefly explain how and when you became a Christian:		
Briefly describe your personal devotional life (Bible Reading & Prayer):		
How has your faith developed in the past year?		
In what ministries are you or have you been involved in?		
From your experience in these ministries, list your gifts and strengths:		
Describe how you have put these gifts to use:		
FOR ADDITIONAL WRITING ROOM PLEASE USE BACK OF THIS PAGE OR EXTRA BLANK LINED PAGE		

SHORT TERM MISSIONS TEAM EXPERIENCE	
Have you previously been involved in a Short Term Missions Project? YES ☐ NO ☐	Please provide details (Where/When/What)?
Why do you want to be a part of this Project Team?	
What gifts or strengths do you feel you have to offer this team?	
How do you see God using this project/team in affecting change in our place of ministry?	

EMERGENCY INFORMATION		
Contact #1	Phone #1 ( )	Phone #2 ( )
Contact #2	Phone #1 ( )	Phone #2 ( )

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to my acceptance as a part of this Short Term Team, I understand that false or misleading information in my application or interview may result in my dismissal/release from the team at any time.

I also understand that if I am unable to fulfill the commitment of travelling with this team, any/all funds raised as a group for the project, designated funds receipted for this project and my non-refundable deposit will be assumed by the remainder of the travelling team.

Signature Date

****IF YOU ARE A SUCCESSFUL APPLICANT A NON-REFUNDABLE DEPOSIT OF $_____ IS REQUIRED.*****

OFFICE USE ONLY			
Checked References YES ☐ NO ☐			
Comments:			
Applicant Accepted YES ☐ NO ☐		**Applicant Notified** YES ☐ NO ☐	
Non-Refundable Deposit Received:	YES ☐	**Chq#:**	**Date:**

T-Shirt Size:	**XL** ☐ **L** ☐ **M** ☐ **S** ☐