



2017 APPLICATION FOR VOLUNTEER SERVICE

**Returning Team Members

Name (as on travel document): _____

Date of Birth _____ Address: _____

Home Phone: _____ Cell Phone _____ Email _____

I have attached my current POLICE CHECK (within 6 months) Yes _____ No _____

T-shirt size (please circle) XS S M L XL XXL Weight _____ (used for flight calculations)

Emergency Contact:

Name: _____ Relationship to applicant: _____

Phone: _____ Work Phone _____

Availability: Extended weekend _____ 1 week _____ 2 weeks _____

Reference: (non-related, known for more than 2 years)

Name: _____ Phone _____

Email (optional): _____

What year(s) did you participate on a W2W team? _____ Location? _____

Briefly describe your spiritual journey since you travelled last with our Heart to Heart team.

Has anything changed in your life that would be significant to your participation in 2016?

Have you had any further cross-cultural experiences? ?

How do you see yourself contributing to this team ?

Personal Skills/Interests (Check all areas that apply and on the back describe your capabilities in those areas):

Education _____	Baking/Cooking _____	Hairdressing _____
Photography _____	Childcare _____	Counselling _____
Handcrafts _____	Administration _____	Massage _____
Manicures _____	Leading Bible studies _____	Music _____
Sports: _____	Youth Work _____	Relaxation Techniques _____
Health _____	Drama _____	Prayer Ministry _____
Marriage principles _____	Parenting principles _____	Other _____

PERSONAL HEALTH STATUS: Those travelling to remote access communities must be in good health.

1. Are you physically fit and free of medical conditions or disabilities, including chronic anxiety and depression that could limit your activities and/or prevent you (and others) from safely performing the volunteer services for which you are applying?

Yes _____ No _____ If no, please give details: _____

2. Are you currently taking any medications on a regular basis? Yes _____ No _____
If yes, please list: _____

3. Do you have any dietary restrictions? Yes _____ No _____
If yes, please describe: _____

4. Please list any known allergies: _____

5. Part of our work is to support people struggling with addictions and mental health issues. If you have struggled with addictions and/or mental health issues in the past, or if you have helped someone else on this journey, can you describe how your experience may bring hope to the community?

STATEMENT OF CONDUCT: Interaction with different cultures demands sensitivity. Also, the integrity of our testimony as a Christian ministry must be maintained. Participants are expected to abstain from using alcohol, tobacco, illegal drugs, foul language (including misusing God's name), and inappropriate relationships for the entire duration of the trip. They also should refrain from any activities deemed inappropriate by a team director, including visiting night clubs, casinos and bars for the duration of the trip. Volunteers are expected to observe local dress codes as outlined in the information that will be made available to you.

Waiver of responsibility, and assumption of risk: I, _____, hereby acknowledge the inherent risk of travel and the fact that injury, death, disease, might occur during or as a result of my voluntary service on a mission project, and fully understanding that the risks associated with such service may include, but are not limited to, injury or death by accident, disease, terrorist acts, adverse weather conditions and inadequate medical care, and/or damage to, or loss of, personal property. I, in consideration of the benefits derived from being accepted for service, hereby volunteer my services despite such hazards. I willingly assume these risks and I hereby waive any and all claims against the participating organizations as well as the sponsoring institutions, their officers and employees, and the leaders of the Uxbridge Baptist church, for any and all causes in connection with the activities of the above organizations and individuals on the Women to Women Mission trip.

Signature: _____ Date: _____

Parent Signature (if under 18): _____

Application forms can be mailed to: (DEADLINE Dec 31, 2016)
Jennifer Wilson
32 Smith Dr.
Sandford, ON
L0C 1E0
Or dropped off at the Uxbridge Baptist Church office.

For info: Jennifer pjwilson@zing-net.ca or 905-852-8850.
Estimated Cost: \$1000 - \$1400, per remote community; up to \$200 for local communities. First payment (\$400 – remote; \$50 for local) will be due at the first team meeting, upon application approval. There is a limited number of team members due to flight and community restrictions.