

Uxbridge Baptist Church

P.O. Box 694, 231 Brock St., W. • Uxbridge, Ontario • (905) 852-3662 • Fax (905) 852-1955
• uxbap@uxbridgebaptist.com • www.uxbridgebaptist.com

Short-Term Outreach Trip Application Form (Step 1) DUE: Jan 15, 2020

This Application Form is Step 1 in a two-step application process. You will be invited to complete Step 2 upon successful completion of Step 1. Step 2 will ask you to submit information including passport information (for out of country trips) and medical information.

OUTREACH: HEART to HEART 2020 – RETURNING TEAM MEMBER

Desired Location (circle): Big Trout Curve Lake Fort Hope Weagamow Undecided

Travel availability in May/June (circle): Extended weekend one week two weeks

Team Leader: Jennifer Wilson (416-910-5402)

Applicant Information (as on travel document)

First Name: _____ Middle: _____ Last: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Cell: _____ Work: _____

Email: _____

Emergency Contact Information:

Name: _____ Relationship to applicant: _____

Phone: _____ Email contact _____

Spiritual Character

Briefly describe your Christian experience since you travelled last with our Heart to Heart team.

Has anything else changed in your life that would be significant to your participation this year?

Prayer Partner Name(s) _____

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Expectation of Short-term Outreach Participants

- Foster a spirit of unity, harmony and cooperation with the team and leaders
- Attend orientation and training meetings
- Participate in fundraising activities in support of the project
- Be loyal and faithful to the team leader, pastors and to other leadership in the field
- Refrain from using abusive language, consuming alcoholic beverages, using tobacco or illegal narcotics while on the trip
- Respect and adapt to other cultures
- Follow the schedule set by the team leaders and not “go off on your own” without permission
- Cause no harm to any team member or other person
- Abide by the regulations and restrictions set by the field leaders. Participants may be asked to accept limitations on personal speech, actions, habits and dress in order to enhance the overall effectiveness of the team
- Communicate with family and friends during the trip within guidelines established by the church
- Additional trip expectations may be determined based on the needs and the nature of the outreach

I certify that, to the best of my knowledge, the information contained in the Application is accurate and complete. I wish to participate in the trip on a volunteer basis. I believe that I can satisfy the expectations of trip participants, as set out above. I understand that the church may accept or reject my application. I consent to the church contacting the references listed above regarding my suitability for this trip. I understand that this Application is only Step 1 in a two-step process. I understand that if I pass this step, I will also need to pass Step 2 in order to participate in the trip. I understand that in order to pass Step 2, I will be required to provide information including passport and medication information, and I will be required to provide or sign other documents and comply with any other requirements determined by the church which may include a criminal records check. I understand that the church may cancel the trip due to low numbers or for other reasons.

Applicant Name: _____

Applicant Signature: _____ Date: _____

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Short-Term Outreach Trip Application Form (Step 2)

This Application Form is Step 2 is a two-step application process.

OUTREACH: HEART to HEART 2020

Location: _____ Trip Date: _____ Team Leader: _____

Applicant Information

First Name: _____ Middle: _____ Last: _____

Date of Birth: _____ Male: Female:
DD/MM/YYYY

Official Information (Driver's license/passport – if approved, photo will be required - air travel only)

Your full name (as it appears on travel document): _____

Passport # _____ Issue Date: _____

Citizenship: _____ Place of Issue: _____

Place of Birth: _____ Expiry Date: _____

OR

License # _____ Expiry Date: _____

Medical Information

Physician Name: _____ Phone Number: _____

Dentist Name: _____ Phone Number: _____

Health Card # _____

Are vaccinations & immunizations up-to-date? Yes: No: Unsure:

Will you require any special assistance due to physical or medical conditions or limitations? Yes: No:

If yes, please explain: _____

Please describe any medical condition (physical or mental) you have that *may* need special attention:

Do you have any special dietary concerns (food allergies, diabetic, etc)? Yes: No:

If yes, please describe:

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If approved, additional information/documentation may be required (e.g. proof of medical insurance, trip liability release form, and any other as requested by team leaders).

FOR ADMINISTRATIVE USE

Date application received: _____ Received by: _____

Participant Approved: Yes No Approved by: _____

Date: _____ Signature _____

Checklist	Date	Signature
Consent for background check	_____	_____
Background check clear	_____	_____
Medical consent form	_____	_____
Trip liability release form	_____	_____
Medical insurance policy	_____	_____
Physician medical note	_____	_____
Copy of Passport/License	_____	_____
Permission of parent/guardian (notarization may be required)	_____	_____
Expectation of team members consent	_____	_____
Emergency contact information	_____	_____
Plan to Protect completed	_____	_____
Debrief completed	_____	_____