

## Uxbridge Baptist Church

P.O. Box 694, 231 Brock St., W. • Uxbridge, Ontario • (905) 852-3662 • Fax (905) 852-1955  
• [uxbap@uxbridgebaptist.com](mailto:uxbap@uxbridgebaptist.com) • [www.uxbridgebaptist.com](http://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**

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: \_\_\_\_\_

#### **Experience and Skills**

Please highlight your previous outreach experience

City or Country	Year	Length of Stay	Type of Ministry

Please list any languages, other than English that you speak:

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\_\_\_\_\_

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Please indicate (circle) any practical skills, training or experience you have:

Child/Youth Ministry	Crafts	Massage	Drama
First Aid/CPR	Health	Painting	Leading Bible studies
Prayer Ministry	Office Administration	Music	Manicures
Photography	Preaching	Videography	Worship Leading
Education	Sports	Hairdressing	Baking/Cooking
Building skills:	Carpentry	Electrical	Plumbing

Other (please specify):

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### Spiritual Character

Briefly describe your Christian experience:

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Briefly state why you would like to participate in this short-term outreach and some of your expectations.

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### References

Please provide three references, other than relatives, who can comment on your Christian life and character. You consent to the church contacting the references and asking them questions regarding your suitability for this trip:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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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 (as on travel document)**

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 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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Part of our outreach 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?

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### Emergency Contact:

Name: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

Phone: \_\_\_\_\_ Email contact \_\_\_\_\_

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).

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### 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	_____	_____