

**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: RETURNING APPLICANTS**

**OUTREACH: HEART to HEART 2023**

**Applicant Information (as on travel document)**

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
DD/MM/YYYY

Male:  Female:

**Please circle your desired Location(s):**

(Fly-in community dates are approximate)

*Curve Lake (April 21-23)*

*Fort Hope (May 28- June 5)*

*Pikangikum (April 27– May 2)*

*Weagamow (June 15-22)*

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

**Describe Your Spiritual Journey since your last trip:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**OUTREACH: HEART to HEART 2023**

**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 # \_\_\_\_\_

- o COVID Vaccinations are required for flights and potentially for entry into the remote communities.

Have you received your COVID-19 vaccination? Yes  No

If yes, please indicate your level of vaccination: 1<sup>st</sup>  2<sup>nd</sup>  Booster

Are your routine immunizations up-to-date? (tetanus, diphtheria, pertussis) 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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### 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 entering into inappropriate relationships, using abusive language, consuming alcoholic beverages, vaping or smoking tobacco/non-medicinal cannabis or any other substance, or using illicit drugs 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 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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## Emergency Contact:

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

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

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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<br>(notarization may be required) | _____ | _____     |
| Expectation of team members consent                             | _____ | _____     |
| Emergency contact information                                   | _____ | _____     |
| Plan to Protect completed                                       | _____ | _____     |
| Debrief completed   | _____ | _____     |