

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)

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), medical information and a current police check within 6 months for new applicants.

OUTREACH: HEART to HEART 2024

Please circle your desired Location: (Fly-in community dates are approximate)

Curve Lake (April 19-21)

Fort Hope (May 26- June 3)

Weagamow (June 16-23)

Travel 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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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 |
| Carpentry | Electrical | Plumbing | Computer Skills |

Other (please specify):

Spiritual Character

Briefly describe your Christian experience:

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

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 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 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 in a two-step application process.

OUTREACH: HEART to HEART 2024

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 # _____

- COVID Vaccinations may be required for entry into the remote communities.

- Have you received your COVID-19 vaccination? Yes No

If yes, please indicate your level of vaccination: 1st 2nd 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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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?

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).

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 | _____ | _____ |