

STM Application

for short-term mission trips organized by CBWOQ

IMPORTANT Information

1. Please mail completed form to:
CBWOQ, Attn: STM, 5 International Blvd., Etobicoke, ON M9W 6H3
2. Please begin preparing for your STM right away. Applying for a passport, criminal clearance check and gathering references can sometimes be time consuming and may cause delays.
3. Use the participant's checklist to help you stay on track.
4. Be sure to include the name and date of the trip on all correspondence with CBWOQ and on all payments to us.
5. If you have any questions, please e-mail or call CBWOQ at bwoq@baptist.ca / (416) -620-2954.

Participant Application Form

Thank you for applying to participate on this CBWOQ STM! We appreciate your willingness to go and look forward to facilitating arrangements on your behalf.

We require a completed and signed application form for each person travelling (including children). Please complete the attached application and send by mail or courier (along with the necessary attachments) to:

**CBWOQ – Attention: STM
5 International Blvd,
Etobicoke, ON M9W 6H3**

IMPORTANT: Your application cannot be approved until all documents are received.

Additional items required: (check and send along with application).

- Pastoral Reference** (*indicate here that your pastor will be sending to CBWOQ office*)
- Original criminal clearance check** (obtained within last 12 months). *This can be obtained by visiting your local police station.*
- Signed waiver** (*last page of this document*)
- Signed Child Protection Policy Agreement** (*last page of Child Protection Policy*)
- If under 18, copy of notarized Parent or Guardian Permission Letter**

Applicant Information

Country and Date of STM _____

Your name: _____

Surname

Given Names

Preferred Name: _____ Date of Birth: _____
(dd/mm/yy)

Mr./Mrs./Ms./Dr./Rev.: _____

Sex: Male Female Citizenship _____

Street _____ City _____

Province _____ Postal Code _____

Phone: Home _____ Work _____

Cell _____ E-mail _____

Fax _____

National/international airport nearest your home: _____

NAME: _____

Health and Emergency Information

It is important that you disclose complete health information in order for CBWOQ to determine suitability for the STM you are applying to and for CBWOQ to have necessary information in case of emergency. Please take care to write neatly and include complete names of medications. Please use additional paper as required and attach to this form. Your information will be held confidential, and will only released to your host in order to prepare for your trip, and in the case of emergency.

Describe your state of physical fitness. Include any items of support you require on the trip (such as assistance walking, breathing apparatus, etc.)

Allergies: _____

Ongoing Medications: _____

Physician's Name _____ Phone _____

Dentist's Name _____ Phone _____

Emergency Contact _____ Relationship _____

Emergency Contact's address _____ Phone _____

If under 18 yrs

Mother's/Guardian's name _____ Father's/Guardian's name _____

Parents'/Guardian's address _____ Phone _____

Church Attending _____ Pastor's Name _____

Address _____

_____ Phone # _____

Tell us more about your local ministry involvement through your church and community:

Discuss what skills and gifts you bring to overseas ministry (including your profession and other experience like: construction, accounting, computer, medical, ESL, teaching, leadership etc)

Languages spoken/written: _____

Previous STM or other cross-cultural experience:

CBWOQ POLICIES

CODE OF CONDUCT

I will show respect for Canadian Baptist Women of Ontario and Quebec (CBWOQ) personnel and partners and cooperate with team leaders and members. I will be culturally sensitive to the use of alcohol and tobacco and take direction from the CBWOQ team leader on matters of dress and jewelry. I will not use illegal substances and will not become involved in a dating relationship with team members or nationals while a participant on the STM.

CRISIS MANAGEMENT

In the event of potential or immediate danger, I agree to respect and heed the decisions made by the CBWOQ crisis management team.

RELEASE AND WAIVER – PLEASE FILL IN

This release and waiver of liability (hereafter referred to as the release) executed on ____ / ____ / ____ (dd/mm/yy) by (your name) _____ (hereafter referred to as the participant) and in effect for one full calendar year from this date is in favour of the Baptist Women’s Missionary Society of Ontario and Quebec (hereafter referred to as CBWOQ).

I, the participant, desire to be a member and active participant of this STM of CBWOQ. I understand that the activities may include, but are not limited to, travelling to and from other countries, travelling to and from other cities and towns, consuming food and living in accommodations available and provided in these countries, and participating in the activities assigned by designated STM leadership.

CBWOQ and its STM partners will make every effort to minimize the level of undue risk in any given location and activity. Understanding this I hereby freely and voluntarily, without duress, execute this release under the following terms:

1. I release and forever discharge and hold harmless CBWOQ, its STM partners and all successors and assigns from any and all liability, bodily injury, personal injury, illness, death or property damage that may result from my participation with this STM. I also understand that CBWOQ and its STM partners do not assume any responsibility for or obligation to provide financial assistance or other assistance including but not limited to medical, health or disability insurance, in the event of injury, illness, death or property damage.
2. I understand that CBWOQ and its STM partners **do not** carry health, medical or disability insurance coverage for STM team participants. I assume responsibility for any coverage that I deem necessary for my wellbeing. I release and forever discharge CBWOQ and its STM partners from any claim whatsoever which arises or may hereafter arise on account of my first-aid treatment or other medical services rendered in connection with an emergency during my participation with this STM.
3. I understand that during my participation on this STM the possibility exists that I may encounter situations which pose risk, or potential risk, to my safety and wellbeing including terrorism, war, insurrection, or criminal activities. I understand that CBWOQ and its STM partners will not pay ransom or make any other payments in order to secure the release of hostages. I hereby expressly and specifically release CBWOQ and its STM partners from all liability for injury, illness, death, or property damage resulting from my participation in this STM.
4. I understand that if I make a cancellation **not** due to illness after insurance, airline tickets (if applicable) and land arrangements have already been confirmed and paid for by CBWOQ, I will be responsible for the full cost of my participation in the STM.
4. I understand this application is accepted based upon CBWOQ receiving affirming references, signed waivers and a cleared criminal check.
5. I understand CBWOQ can deem an applicant unsuitable for an STM or require permission of a doctor to participate.

Participant’s Name: _____ Witnessed by: _____

Signature: _____ Signature: _____
 Date: _____ Date: _____

Must be signed by mother/father/legal guardian if under 18 yrs old:

Mother’s/Guardian’s Signature _____ Father’s Signature _____
 Phone _____ Date _____