

Emergency Response Network

Complete all fields below and send to: stm@cbmin.org

Your name as it appears
on your passport:

	Last Name	First Name	Initial
Mr./Mrs./Ms./Dr./Rev.:		Date of Birth:	
Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female		(dd/mm/yy)
Street, Suite #		City	
Province		Postal Code	
Home phone		Work	
Cell		E-mail	
Fax			
Citizenship:			
Passport #		Issuing Country	
		Expiry Date	

Health & Emergency Information

Describe your state of physical fitness (include physical limitations):

Allergies:			
Ongoing Medications:			
Physician's Name		Phone:	
Dentist's Name		Phone:	
Emergency Contact:		Home Phone:	
Relationship:		Cell Phone:	
Emergency Contact #2:		Home Phone:	
Relationship:		Cell Phone:	

Skills & Training

Outline relevant skills & training useful in emergency/disaster response:

Check all that apply:

Relief: Immediate response personnel (Phase 1)

Fireman

Police

Military training

Paramedic/EMS

Temporary emergency housing

Mass feeding specialist

Water engineer/purification specialist

Paediatrician

Surgeon

Dentist

Family Doctor - General

Trauma councillor

Chaplain

Logging, chainsaw specialist

Recovery: Clean-up and re-construction personnel (Phase 2)

Rate your expertise: Level 1 = Very Basic, Level 2 = Moderate experience, Level 3 = Expert

Level

Level

Roofing

Chainsaw

Drywall

Painting

Equipment operator: (please specify)

Electrical

Plumbing

Masonry

General construction

Other:

Languages spoken: _____

Previous Disaster Response or relevant Experience (location, project description):

CBM & The Sharing Way

POLICIES & WAIVER

CODE OF CONDUCT

I will show respect for CBM and The Sharing Way 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 CBM and The Sharing Way field staff or designate. I will not use illegal substances and will not become involved in a dating relationship with team members or nationals while a participant in the project.

CRISIS MANAGEMENT

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

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 Canadian Baptist Ministries.

I, the participant, desire to be a member and active participant of the Emergency Response Network program of Canadian Baptist Ministries and The Sharing Way. I understand that the activities may include, but are not limited to, traveling to and from other countries, traveling to and from other cities and towns, consuming food and living in accommodations available and provided in the foreign countries, and participating in the activities assigned by designated program leadership.

CBM 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 CBM, The Sharing Way and its successors and assigns from any and all liability, bodily injury, personal injury, illness, death or property damage that may result from my participation in the Emergency Response program. I also understand that CBM does 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 I assume responsibility for any health, medical or disability insurance coverage and any additional coverage that I deem necessary for my wellbeing. I release and forever discharge CBM and The Sharing Way 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 the Emergency Response Network.
3. I understand that during my participation in the Emergency Response Network 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 Canadian Baptist Ministries and The Sharing Way will not pay ransom or make any other payments in order to secure the release of hostages. I hereby expressly and specifically release Canadian Baptist Ministries and The Sharing Way from all liability for injury, illness, death, or property damage resulting from my participation in the Emergency Response Network.
4. I understand that if I make a cancellation not due to illness after the airline tickets, insurance, and land arrangements are already paid by CBM, I will be responsible for the full cost of the project.
5. I understand this application is accepted based upon relevant skills and experience required for participation in the Emergency Response Network.
6. I understand CBM can deem an applicant unsuitable for a project or require permission of a doctor to participate.

In sending this application to CBM & The Sharing Way electronically, I understand and agree to the policies and waiver above:

Name _____

Date _____