

Participant Application Form

Thank you for applying to participate in CBM's short-term mission program. We appreciate your willingness to go and look forward to facilitating all arrangements on your behalf.

We require an application form for each person traveling (including children). Please complete the attached application and send by mail or courier (with the necessary attachments) to:

CBM
 Attn: STM Department
 7185 Millcreek Drive
 Mississauga, ON L5N 5R4

IMPORTANT: Your application cannot be approved (and airline tickets will not be issued) until all documents and 50% of your STM costs are received. Please indicate a Visa or MasterCard number to which we may apply payments – we will only do so with your prior consent.

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

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Copy of ID page of passport. Must be valid at least 6 months after return to Canada. |
| <input type="checkbox"/> | \$225 non-refundable deposit payable to Canadian Baptist Ministries |
| <input type="checkbox"/> | Pastoral reference form |
| <input type="checkbox"/> | <u>Original</u> Police security check (not more than 3 months old) |
| <input type="checkbox"/> | If under 18 years old, copy of notarized Parent/Guardian letter and Parent/Guardian Permission Form |

Applicant Personal Information

		Country & Project #:		<input type="text"/>	<input type="text"/>
Your name as it appears on your passport:		Surname:		Given Names:	
Preferred Name:		Date of Birth:		(dd/mm/yy)	
Mr./Mrs./Ms/Dr./Rev.:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Citizenship:	
Street:		City:			
Province:		Postal Code:			
Home Phone:		Work Phone:			
Cell Phone #:		Fax #:		E-mail:	
Visa or MasterCard Number:				Expiration:	

Participant Application Form - continued

Health & Emergency Information

It is important that you disclose complete health information required to determine suitability for the mission trip you are applying to and in order for CBM to have necessary information in case of emergency. Please take care to write neatly and include complete names of medications. This information will be held confidential and only released to your in-country 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 number: _____

Dentist's Name: _____ Phone number: _____

Emergency Contact: _____ Relationship: _____

Contact's Address: _____ Phone number: _____

If under 18 years old (must also complete Parents/Guardians Permission Form)

Mother/Guardian's Name: _____ Father/Guardian's Name: _____

Parent/Guardian's Address: _____ Phone Number: _____

Other Information

Name of Church Attending: _____ Pastor's Name: _____

Church Address: _____

Phone Number: _____

Tell us more about your local ministry involvement through your church & 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):

Other languages spoken/written: _____

Previous STM or other cross-cultural experience: _____

