



Participant Profile – SP Relief Teams

Participant Information

T-shirt Size (100% cotton): ___ S ___ M ___ L ___ XL

Name (as shown on passport)

Surname _____ Full Given Name _____ Middle Initial _____

Address _____

City _____ Province _____ Postal Code _____

Phone (Home) _____ (Work) _____ (Cell) _____

E-mail _____ Fax # _____

Courier address (if different than above)

Street address (no P.O. Box #) _____

City _____ Province _____ Postal Code _____

Travel Documents

Date of Birth (D/M/Y) ____/____/____. Gender M F

Do you have a passport? YES NO

*Not a requirement for application but will need to be obtained prior to trip.

If yes, Passport # _____ Expiry _____ Country of Issue _____
(Date of expiry must be a minimum of 6 months after your scheduled return date)

Do you have a criminal record? YES NO

*For Immigration purposes only

Educational Information

List any degrees, diplomas, certificates or special training that you have attained (i.e. first aid)

Occupation _____

Skills

Do you have training/skills in the following areas:

- | | | | |
|-------------------------------|-----------------------|--------------------------|-----------------------|
| Framing Construction | <input type="radio"/> | Small Equipment Operator | <input type="radio"/> |
| Brick and Mortar Construction | <input type="radio"/> | Chainsaw | <input type="radio"/> |
| Trusses/Roofing | <input type="radio"/> | Certified Welding | <input type="radio"/> |
| Electrical | <input type="radio"/> | Other relevant skills | <input type="radio"/> |
| Plumbing | <input type="radio"/> | Specify _____ | |
| Mechanics | <input type="radio"/> | _____ | |
| Class 1 Drivers license | <input type="radio"/> | _____ | |

Information Regarding Your Christian Faith

Do you consider yourself a Christian?

YES NO

Please share about your spiritual journey.

Do you attend a church? If so where? _____

Trip Information

How did you hear about SP Teams?

Past Participant
Internet
Conference
Advertisement (Print)

Advertisement (Radio)
Other
Please Specify: _____

Have you traveled overseas before? YES NO

If YES, please share about your experiences?

I certify that the above information is true and accurate. Information provided in this application form will be kept confidential by Samaritan's Purse – Canada for application purposes. This information may also be used to inform you of programs, projects and other opportunities to be involved in and support the work of Samaritan's Purse – Canada. If you do not want your information to be used for these purposes please contact us at 1-800-663-6500 or email canada@samaritan.org.

Applicant's Signature _____

Date _____

Please complete this form and return it to your group leader or if you are traveling independently, send it to:
Samaritan's Purse – Canada
Attn: SP Relief Teams
20 Hopewell Way NE
Calgary, AB T3J 5H5



Medical Information Form – SP Teams

Participant Information

Name _____ Date of Birth _____
(As shown on passport) (Day/Month/Year)

Address _____

City _____ Province _____ Postal Code _____

Home Phone Number _____ Business Phone Number _____

Doctor's Name _____ Phone Number _____

IN CASE OF EMERGENCY, PLEASE CONTACT:

Name _____

Home Phone Number _____ Business Phone Number _____

Relationship _____

Medical Information (This information will be shared with the medical person on your team)

Have you ever had or do have any of the following:

	YES	NO		YES	NO
Recurrent Headaches	<input type="radio"/>	<input type="radio"/>	Heart Condition	<input type="radio"/>	<input type="radio"/>
Epilepsy	<input type="radio"/>	<input type="radio"/>	Anemia	<input type="radio"/>	<input type="radio"/>
Fainting Spells	<input type="radio"/>	<input type="radio"/>	Rheumatism/Arthritis	<input type="radio"/>	<input type="radio"/> *If you are allergic to
Asthma	<input type="radio"/>	<input type="radio"/>	Do you smoke	<input type="radio"/>	<input type="radio"/> bee stings you must
High Blood Pressure	<input type="radio"/>	<input type="radio"/>	Allergy: Bee Stings*	<input type="radio"/>	<input type="radio"/> bring your own
Low Blood Pressure	<input type="radio"/>	<input type="radio"/>	Other Allergies	<input type="radio"/>	<input type="radio"/> reaction kit
Tumor/Cancer	<input type="radio"/>	<input type="radio"/>	Please specify Allergies	_____	
Diabetes	<input type="radio"/>	<input type="radio"/>		_____	

Do you have ANY other medical conditions the medical person on the trip should be aware of? YES NO

If YES, please explain. _____

Do you have any health condition that might hinder your service or put yourself or others at risk of injury? YES NO

If YES, please explain. _____

Have you had a change in medication or been hospitalized in the last three months as a result of a medical condition (including those checked above)? YES NO

Are you taking any medication at this time? YES NO

If YES, please specify. _____

Are you bringing an adequate supply? YES NO

List any phobias that you may have (heights, small spaces etc.) _____

Provincial Health Care/Insurance # _____ Insurance Company _____

Phone Number of Insurance Company _____ Contact Name _____

My policy requires that my insurance company be contacted before any treatment is given. YES NO

I certify that the above information is accurate. I understand that certain medical conditions may preclude acceptance. All required immunizations must be completed at my expense before departure. I agree to accept RBC 'Standard' travel insurance as provided by Samaritan's Purse.

Participant Signature _____

Date _____



Pastor/Employer Reference Form – Relief Teams

Participant Information (this section to be filled out by participant)

Name of applicant _____

Address _____

City _____ Province _____ Postal Code _____

Phone (Home) _____ (Work) _____ (Cell) _____

I, the above applicant, waive any right I have to read or obtain copies of this Reference Form.

Applicant's Signature _____ Date _____

Samaritan's Purse – Canada and SP Relief Teams

The applicant named above has applied to volunteer with SP Relief Teams, a program of Samaritan's Purse – Canada. Samaritan's Purse is an international Christian relief and development organization that offers spiritual and physical aid to hurting people. Since 1970, Samaritan's Purse has provided the basic necessities of clean water food, clothing, temporary shelters, and medical aid to people in desperate situation around the world. The organization serves the church worldwide to promote the Gospel of the Lord Jesus Christ. SP Relief Teams challenges people to obey the call of the Lord to "go into all the world with the gospel" by leading people into short term mission experiences where they work alongside Samaritan's Purse international partners and assist them in building their ministries.

Reference Questions (this section to be filled out by pastor or employer)

How long have you known the applicant? _____

What is your relationship to the applicant? _____

Please describe how you would rate the applicant in the following areas: (Excellent, Good, Average, Poor)

Works safely and can follow safety rules	_____	Cross Cultural Adaptability	_____
Respectful of other cultures	_____	Concern for others	_____
Self discipline	_____	Leadership Qualities	_____
Christian Character	_____	Emotional stability	_____
Flexible	_____	Temperament	_____
Works well under stress	_____	Ability to follow instructions	_____
Co-operation	_____	Work ethic	_____
Initiative	_____	Team player	_____

Are you aware of any character or behavioral issues that may be a hindrance for the participants' involvements? or that would directly affect the team or the in-country partner with whom they will be serving? Please elaborate.

Has the applicant had any health problems that you are aware of? _____

Is this person more suited to working independently or in a group? _____

Does the applicant have suitable leadership qualities to be a foreman on the field? _____

Please make any comments regarding the applicant's skill which you feel could be helpful. Please include talents, work experience, training and educations etc. _____

What is your overall evaluation of the applicant as a SP Relief Teams volunteer serving overseas?

_____ Definitely unsuited	_____ Average prospect
_____ At this time unsuited	_____ Above average prospect
_____ Good prospect, but I have some reservations	_____ Exceptional prospect

Additional Comments: _____

Reference Information

I declare that the contents of this confidential reference form are correct to the best of my knowledge.

Name _____

Address _____

City _____ Province _____ Postal Code _____

Phone (Home) _____ (Work) _____ (Cell) _____

Signature _____ Date _____

Thank you for taking the time to fill out this reference. Your input is very important to us and greatly appreciated. Please mail completed form back to:

**Samaritan's Purse – Canada
Attn: SP Relief Teams
20 Hopewell Way NE
Calgary, AB T3J 5H5**