



**SAMARITAN'S PURSE CANADA**

**TEAMS FULL APPLICATION PACKAGE**  
**(PARTICIPANTS OVER 18)**

**\* PLEASE COMPLETE ALL SECTIONS, INCLUDING SIGNATURES AND WITNESSES.  
INCOMPLETE APPLICATIONS MAY BE DISQUALIFIED FROM CONSIDERATION.**

# Participant Profile



## Participant Information – Applicants over 18

Name (as shown on passport):

Surname \_\_\_\_\_ Full Given Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-mail \_\_\_\_\_ Fax # \_\_\_\_\_

T-shirt Size (100% cotton): \_\_\_ S \_\_\_ M \_\_\_ L \_\_\_ XL Date of Trip: \_\_\_\_\_

Team / Group Name: \_\_\_\_\_ Destination: \_\_\_\_\_

*Please send me email updates about Samaritan's Purse Canada initiatives and opportunities.*

## Travel Documents

Date of Birth (D/M/Y) \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: F M

Do you have a passport? YES NO

If yes, Passport # \_\_\_\_\_ Expiry (D/M/Y) \_\_\_\_\_ Country of Issue \_\_\_\_\_

- Please include one colour copy or scan of your passport with this form. Picture must be clearly visible.
- **Passport expiry must be a minimum of 6 months after your scheduled return date or travel will be refused.**

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)

Current Occupation/Employer

## Skills

Do you have training/skills in the following areas:

Framing Construction	<input type="checkbox"/>	Plumbing	<input type="checkbox"/>	Drama	<input type="checkbox"/>	Children's Ministry	<input type="checkbox"/>
Brick and Mortar Construction	<input type="checkbox"/>	Trusses/Roofing	<input type="checkbox"/>	Sports	<input type="checkbox"/>	Preaching/Speaking	<input type="checkbox"/>
Mechanics	<input type="checkbox"/>	Chain Saw	<input type="checkbox"/>	Music	<input type="checkbox"/>	Electrical	<input type="checkbox"/>

## 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

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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 briefly about your experiences.

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In the event of the cancellation of your Samaritan's Purse Mission Teams trip, the policy of Samaritan's Purse Canada is as follows:

- All support and donations received on your behalf are non-refundable once tax receipts have been issued. Under Canadian law, refunds cannot be given for any donations received by a charitable organization.
- Airline tickets already purchased in your name by Samaritan's Purse Canada prior to trip cancellation are non-refundable. This is due to our practices of purchasing tickets to receive the best possible airfare for you. However, your ticket may be applied to a future trip, depending on the life-span of the ticket and the flight destinations of the original airline. Most tickets are open for a 12-month period. A change fee may be charged by the airline. If the destination is changed, there may also be additional costs depending on the new routing.
- Trip participants who cannot be re-scheduled on alternative trips prior to the expiration of the airline ticket, held in their name by Samaritan's Purse Canada, are responsible for the cost of another airline ticket should they want to participate in another trip.
- In the event that airline tickets have not been purchased by Samaritan's Purse Canada in your name prior to the date of your trip cancellation, donations already received on your behalf will be kept on account with Samaritan's Purse Canada for use in a future Samaritan's Purse Mission Teams trip. Applicant placement on an alternative Samaritan's Purse Canada trip will be dependent on trip availability.
- Trip participants may waive the right to participate in any or all alternative trips with the understanding that all donations received and tickets purchased on their behalf are completely non-refundable. In circumstances like this, these funds will be used for project activity in the region of your original destination.
- In the event that donations exceeding your trip costs are raised, the excess will be put towards Samaritan's Purse Canada Mission Teams initiatives/projects.

I, \_\_\_\_\_, as the trip participant, accept the invitation to join Samaritan's Purse Canada (SPC) in carrying out its charitable activities via an excursion to \_\_\_\_\_, which will occur between the dates of \_\_\_\_\_. I understand that SPC is a non-profit charitable organization and that the costs of this ministry are covered by donations from its constituents. I also understand that SPC may only be able to undertake this mission trip if sufficient funds are raised. The cost of this mission trip to SPC is \$\_\_\_\_\_, and I pledge to donate this full amount to SPC in order to cover the costs. Finally, I understand that tax receipts will be issued for all gifts to the fullest extent allowed by the law. Once received, all gifts are non-refundable.

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*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 [info@samaritan.ca](mailto:info@samaritan.ca)*

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Applicant's Signature

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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 Missions Teams - 20 Hopewell Way NE - Calgary, AB T3J 5H5**

# Medical Information Form - SP Teams



## Participant Information – Applicants over 18

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

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Business Phone Number \_\_\_\_\_

Provincial Health Care # \_\_\_\_\_

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"/>
Asthma	<input type="radio"/>	<input type="radio"/>	Do you smoke	<input type="radio"/>	<input type="radio"/>
High Blood Pressure	<input type="radio"/>	<input type="radio"/>	Allergy: Wasp/Bee Stings*	<input type="radio"/>	<input type="radio"/>
Low Blood Pressure	<input type="radio"/>	<input type="radio"/>	<small>* if your allergies require use of a reaction kit, you must bring your own</small>		
Tumor/Cancer	<input type="radio"/>	<input type="radio"/>	Other Allergies	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>	Please specify:		

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 in original containers along with relevant doctor's prescriptions? YES NO

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

***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

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

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Team / Group Name: \_\_\_\_\_ Destination: \_\_\_\_\_

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 \_\_\_\_\_

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

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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: (**E**xcellent, **G**ood, **A**verage, **P**oor)

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

Are you aware of any character or behavioral issues that may be a hindrance for the participants' involvements?  
\_\_\_\_\_  
\_\_\_\_\_

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

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 Teams volunteer serving overseas?

_____ Definitely unsuited	_____ Average prospect
_____ At this time unsuited	_____ Above average prospect
_____ Have reservations	_____ Exceptional prospect

## Reference Information

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

Name \_\_\_\_\_

Email Address \_\_\_\_\_ Phone: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please mail completed form back to:  
Samaritan's Purse Canada - Attn: Teams - 20 Hopewell Way NE - Calgary, AB T3J 5H5**

**Assumption of Risk, Release,  
Waiver of Claim and Indemnity**  
(To be filled out by participants age 18 and over)

**WARNING: THIS DOCUMENT AFFECTS LEGAL RIGHTS, INCLUDING YOUR RIGHT TO SUE, AND  
CREATES LEGAL RESPONSIBILITIES. PLEASE READ CAREFULLY.**

**PREPARED THIS \_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_ TO: SAMARITAN'S PURSE CANADA ("SPC")**

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In consideration of SPC accepting my application for, and allowing me to participate in, an excursion to \_\_\_\_\_ being organized by SPC, and which is expected to begin on or about \_\_\_\_\_ and for the sum of \$1.00, and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I, \_\_\_\_\_, agree to the terms of this Assumption of Risk, Indemnity, Waiver of Claim and Release (collectively the "Agreement"). In particular:

**1. ASSUMPTION OF RISK**

I ACKNOWLEDGE AND AGREE THAT participation in the Excursion involves potential dangers, risks and hazards (the "Risks") that include, but are not limited to:

- a) death or injury occurring through vehicle accidents during transportation between various communities
- b) death or injury due to activities related to construction work or other community development activity
- c) death or injury due to the handling and usage of equipment and supplies
- d) death, injury or illness from consumption of unsanitary food and water
- e) death or illness due to the contraction of a communicable disease
- f) death, injury or personal loss incurred as a result of political instability, criminal violation, and hostile environments
- g) death, injury or personal loss incurred as a result of a hurricane, volcanic eruption, an earthquake or other type of natural disaster

I FURTHER ACKNOWLEDGE AND AGREE THAT my participation in the Excursion is entirely at my own risk and that I freely accept all the inherent risks of participating in the Excursion and the possibility of personal injury, death, kidnapping, property damage and loss resulting therefrom.

I FURTHER ACKNOWLEDGE AND AGREE THAT my participation is dependent on full disclosure of any and all pre-existing medical conditions via the form attached labeled "Medical Information Form – SP Teams". I further agree that certain medical condition may preclude me from participating on the excursion. I am further aware and agree that SPC will obtain RBC Standard Travel insurance on my behalf.

I FURTHER ACKNOWLEDGE AND AGREE THAT SPC's acceptance of my involvement as a participant in the Excursion does not and will not make me an agent, contractor or employee of SPC and SPC will not be obliged to assume any responsibility for my welfare in the event of my detention by lawful or unlawful means and that SPC's policies prohibit SPC from submitting to any form of extortion to obtain my release or otherwise ensure or protect my safety or well being if I am taken hostage or otherwise victimized during the Excursion.

**2. RELEASE AND WAIVER OF CLAIM**

I WAIVE ANY AND ALL claims I may now, and in the future, have against, and release and discharge from all liability, and agree not to sue, SPC, its members, directors, officers, employees, volunteers, agents, representatives, and each of them and their respective agents, executives, administrators, representatives, heirs, successors and assigns (the "Releasees"), with respect to any and all liability, costs (including legal costs), claims, damages, demands, actions and causes of action of whatever kind which might arise from or in connection with my participation in the Excursion including, without limitation, any personal injury, illness, death, property damage, or financial loss or other loss suffered by me or any other family members or dependants, arising, directly or indirectly, from my participation in the Excursion, whether foreseen or

unforeseen and regardless of the cause thereof including, without limitation, negligence or partial negligence on the part of the Releasees or any of them but excluding willful misconduct;

I FURTHER ACKNOWLEDGE AND AGREE that SPC along with its licensees and assigns, without limitation, may use, publish, reproduce, broadcast, transmit, televise, record, sell, distribute and display any written accounts or depictions, motion and/or still pictures or other materials in which I may appear or be mentioned or included, in regard to the Excursion and I waive and release any right or claim I may have to receive any compensation or reimbursement in regard to any of the foregoing, whether I was involved in the creation or production of any of such and regardless of whether any obligation arises under or by virtue of statute or otherwise including moral rights.

I FURTHER ACKNOWLEDGE AND AGREE that the information I have provided will be used by SPC to inform me of programs and projects, to help and encourage me spiritually, and to provide me with opportunities to be involved in and support your work. I will contact SPC at 1-800-663-6500 or email [info@samaritan.ca](mailto:info@samaritan.ca) if I do not want my information to be used for the purposes described.

**3. INDEMNITY**

I AGREE to hold harmless and to indemnify the Releasees for any and all claims made against any of the Releasees by any person, including any claim or action by or on behalf of my spouse or dependants, for damages suffered or costs incurred arising out of or related to any aspect of my participation in the Excursion, including, without limitation, any of the matters described or contemplated in Clause 2 hereof.

**4. UNDERSTANDING**

I DECLARE that I have had the opportunity to seek independent legal advice with respect to the matters addressed in this Agreement, that I fully understand the terms of this Agreement and that I have not been influenced by any representations or statements made by or on behalf of SPC not recorded in this document.

I CONFIRM THAT I am the full age of 18 years and I have read and understood the Agreement prior to signing it and I agree that the Agreement will be binding upon my heirs, next-of-kin, executors, administrators and successors. I am aware that by signing this Agreement I am releasing and waiving certain legal rights, including the right to sue and to be awarded potentially substantial damages, which I or my heirs, next-of-kin, executors, administrators and assigns have or may have against the Releasees.

**5. JURISDICTION AND CHOICE OF LAW**

I AGREE that this Agreement shall be governed in all respects by and interpreted in accordance with the laws of the Province of Alberta and that the parties hereby attorn to the exclusive jurisdiction of the Alberta courts.

**6. COMPLETE AGREEMENT**

I UNDERSTAND AND AGREE that this Agreement contains the entire agreement between SPC and me and that the terms of this Agreement are contractual and not merely a recital. I agree that I am signing this agreement freely, voluntarily and without duress.

DATED at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Participant