



SAMARITAN'S PURSE CANADA

TEAMS FULL APPLICATION PACKAGE
(PARTICIPANTS UNDER 18)

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

Participant Profile



Participant Information – Applicants under 18

Name (as shown on passport):

Surname _____ Full Given Name _____ Middle Name _____

Address _____

City _____ Province _____ Postal Code _____

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

E-mail _____ E-mail of Parent or Guardian _____

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

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

How did you hear about SP Teams?

Past Participant Advertisement (Radio)
Internet Other
Conference Please Specify: _____
Advertisement (Print)

Have you traveled overseas before? YES NO

If YES, please share briefly about your experiences. _____

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, _____, the Parent/Legal Guardian of _____, accept on his/her behalf 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/We understand that SPC is a non-profit charitable organization and that the costs of this ministry are covered by donations from its constituents. I/We 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/we pledge to donate this full amount to SPC in order to cover the costs. Finally, I/we understand that tax receipts will be issued for all gifts to the fullest extent allowed by the law. Once receipted, all gifts are non-refundable.

I /We 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 participants 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

Under Age Participant Signature

Date

Parent / Legal Guardian 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 Missions Teams - 20 Hopewell Way NE - Calgary, AB T3J 5H5**



Medical Information Form - SP Teams

Participant Information – Applicants under 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 the team)

Has the participant ever had or does he/she currently 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 allergies require use of a reaction kit, participants must bring their 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:	_____	

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

If YES, please explain. _____

Does the participant have any health condition that might hinder their service or put themselves or others at risk of injury? YES NO

If YES, please explain. _____

Has the participant 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

Is the participant taking any medication at this time? YES NO

If YES, please specify. _____

- Will the participant bring an adequate supply in original containers along with relevant doctor's prescriptions? YES NO

List any phobias the participant has (heights, small spaces etc.) _____

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

Under Age Participant Signature

Date

Parent / Legal Guardian Signature

Date



Pastor/Employer Reference Form

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

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)

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

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**
(Please complete this form on behalf of the minor)

**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")

In consideration of SPC accepting the application for the said minor, and allowing the minor 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/We the Parents/Guardians _____, the parent(s) or legal guardian(s) of _____, 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/We, the Parents/Guardians for myself/ourselves and on behalf of the Prospective Participant (herein I/We the Parents/Guardians), ACKNOWLEDGE AND AGREE THAT participation of the said minor 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, injury 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/WE THE PARENTS/GUARDIANS FURTHER ACKNOWLEDGE AND AGREE THAT participation of the said minor in the Excursion is entirely at his/her own risk and that I/We the Parents/Guardians freely accept all the inherent risks arising through the participation of the said minor in the Excursion and the possibility of personal injury, death, kidnapping, property damage and loss resulting therefrom.

I/WE THE PARENTS/GUARDIANS FURTHER ACKNOWLEDGE AND AGREE THAT participation of the said minor is dependent on full disclosure of any and all pre-existing medical conditions on the form attached labeled "Medical Form – SP Teams". I/We the Parents/Guardians agree that certain medical condition may preclude the said minor from participating on the excursion. I/We the Parents/Guardians are further aware and agree that SPC will obtain RBC Standard Travel insurance on behalf of the said minor.

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

2. RELEASE AND WAIVER OF CLAIM

I/WE THE PARENTS/GUARDIANS WAIVE ANY AND ALL claims I/We the Parents/Guardians 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 the said minor's participation in the Excursion including, without limitation, any personal injury, illness, death, property damage, or financial loss or other loss suffered by him/her, or any other family members or dependants, arising, directly or indirectly, from his/her 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/WE THE PARENTS/GUARDIANS 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 the said minor may appear or be mentioned or included, in regard to the Excursion and I/We the Parents/Guardians waive and release any right or claim I/We the Parents/Guardians may have to receive any compensation or reimbursement in regard to any of the foregoing, whether the minor 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 if I do not want my information to be used for the purposes described.

3. INDEMNITY

I/WE THE PARENTS/GUARDIANS 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 the said minor's participation in the Excursion, including, without limitation, any of the matters described or contemplated in Clause 2 hereof.

4. UNDERSTANDING

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

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

5. JURISDICTION AND CHOICE OF LAW

I/WE THE PARENTS/GUARDIANS 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/WE THE PARENTS/GUARDIANS UNDERSTAND AND AGREE that this Agreement contains the entire agreement between SPC and me/us and that the terms of this Agreement are contractual and not merely a recital. I/We the Parents/Guardians the Parent/Guardians sign this agreement freely, voluntarily and without duress. By my/our signature below, I/We the Parents/Guardians the Parents/Guardians also declare that I/We the Parents/Guardians have discussed the Release with the PARTICIPANT and the PARTICIPANT understands that the Release continues to bind the PARTICIPANT should the PARTICIPANT attain the age of majority before the Release expires.

DATED at:

_____, this _____ day of _____, 20__.

Notary

Parent/Legal Guardian

Notary

Parent/Legal Guardian

Witness

Under Age Participant

Seal: