

**TEAM LEADER &
TEAM MEMBER APPLICATION FORMS
Hawkwood Baptist Church**



**Please complete the forms in this package and return to the Pastor or
the Missions Committee Chairperson,
Hawkwood Baptist Church**

HAWKWOOD BAPTIST CHURCH

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Application Process:

- Submit your completed application and \$250 to Hawkwood Baptist Church
- Application deadline: _____
- Submit a total of 3 personal reference forms (must be non-family members and must have known you for a minimum of 2 years.) Include one from someone in church leadership.
- Each applicant must be interviewed prior to acceptance.
- Each applicant must undergo a Police check.
- Applicants will be notified regarding acceptance when this process is complete.

Participant Information

NAME (as shown on passport)

Surname _____ Full Given Names _____

Address _____

City _____ Province _____ Postal Code _____

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

E-mail _____ Fax # _____

Date of Birth (D/M/Y) _____

Travel Documents

Do you have a passport? Yes No

Passport # _____ Date of Expiry _____

Citizenship _____ Place of Birth _____

Hawkwood Baptist Church Involvement

Are you a member of Hawkwood Baptist Church? Yes No

How long have you attended Hawkwood Baptist Church? _____

Specify your past and/or present church ministry involvement _____

Educational Information

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

Occupation _____

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Skills

Do you have any training skills in the following areas?

- Framing
- Teaching
- Preaching/Speaking
- Mechanics
- Painting
- Teaching
- Leading worship
- Haircutting
- Brick and Mortar construction
- Welding
- Electrical
- Plumbing
- Children's ministry
- Cooking
- Photography
- Carpentry
- Video production
- Sports
- Crafts
- Drama
- Optical
- Sewing
- Mechanics
- Medical
- Dental
- Musical instrument, please name _____

Other (specify) _____

What do you believe you can contribute to the team and this ministry?

Information Regarding Your Christian Faith

Explain how and when you accepted Jesus as your personal Lord and Savior.

Describe personal practices that help you grow in your relationship to God.

How have you seen God work through and in your life in the past year?

Describe specific opportunities you have had to share your faith.

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How would you describe yourself as a person...character, personality, etc.?

Describe your spiritual gifts (teaching, service, hospitality, etc.) and personal talents/skills.

Trip Information

Have you ever been overseas before? Yes No
If yes where?

Please state your goals in becoming involved with this Missions Trip.

What reasons influenced your decision to become involved with this team?

What do you hope to gain from the experience of this trip?

Mission Trip Reference Form

(Name of Participant) _____ has applied to join a volunteer team

traveling to _____. The team will be (trip description) _____

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A reference check is required for all volunteers joining the team. The information you provide will remain confidential. Thank you for your assistance.

Please forward this information to:

Missions Chairperson
Hawkwood Baptist Church
20 Hawkwood Drive
Calgary, AB T3G 2W2

or e-mail to:
hbc@hawkwood.ca

Your Name _____ Phone _____

Address _____

E-mail Address _____

1. Describe your relationship with this applicant _____

2. How long have you known this person _____

3. Please use the scale provided and respond to the following:

1. Low 2. Below Average 3. Average 4. Very Good 5. Excellent

How would you rate this individual in the following areas?

a) Ability to work with other volunteers	1	2	3	4	5
b) Ability to follow through on commitments	1	2	3	4	5
c) Ability to relate to children	1	2	3	4	5
d) Level of spiritual maturity	1	2	3	4	5
e) Ability to handle change and stress/flexibility	1	2	3	4	5
f) Emotional stability	1	2	3	4	5
g) Initiative	1	2	3	4	5
h) Cross-cultural Respect	1	2	3	4	5

4. What are the applicant's greatest strengths? _____

5. Would you recommend the applicant as a member of a team traveling to _____
without any concern, reservation or hesitation? _____

Do you have any concerns regarding this person? If so, please explain _____

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Four horizontal lines for writing.

6. Any other comments? _____

Thirteen horizontal lines for writing.

Signature _____ Date _____

Medical Information Form

Hawkwood Baptist Church 20 Hawkwood Drive N.W. Calgary, AB T3G2W2 hbc@hawkwood.ca

Participant Information _____

Name _____

Address _____

City _____ Province _____ Postal Code _____

Home Phone _____ Cell Phone _____ Business Phone _____

Date of Birth _____ Health Care Card Number _____

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Doctor's Name _____ Phone Number _____

Insurance Company _____ Phone Number _____

IN CASE OF EMERGENCY PLEASE CONTACT

Name _____

Home Phone _____ Cell Phone _____ Business Phone _____

Relationship _____

Name _____

Home Phone _____ Cell Phone _____ Business Phone _____

Relationship _____

MEDICAL INFORMATION

	Yes	No		Yes	No
Recurrent Headaches	[]	[]	Heart Condition	[]	[]
Seizures	[]	[]	Rheumatism/Arthritis	[]	[]
Fainting Episodes	[]	[]	Anemia	[]	[]
Major Surgery	[]	[]	Allergies	[]	[]
Asthma	[]	[]	To What _____		
High Blood Pressure	[]	[]	Reaction _____		
Low Blood Pressure	[]	[]	Medication/Treatment _____		
Cancer	[]	[]			
Diabetes	[]	[]			
Depression/Anxiety	[]	[]			

Major illness/hospitalization in the last year _____

Dietary Restrictions _____

Please note that dietary accommodations may not be possible

If you answered "Yes" to any of the above questions please explain:

Please list the medications you are currently taking (dosages). Include non-prescriptions drugs:

Additional Comments:

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I /we certify the above information is accurate. I/we understand that certain medical conditions may preclude acceptance. All required immunizations must be completed before departure. I/we realize that I/we must cover costs of any immunizations that the said minor will need.

Participant's Signature

Date

Parent/Legal Guardian
(If under 18)

Date

Hawkwood Baptist Church
Short-Term Missions (STM) Financial Grants

Application

The HBC Missions Committee is pleased to be able to offer support to participants both prayerfully and financially. Because the funds for STM projects are limited, we will do our best to honor the needs of all participants, but cannot guarantee financial support to all applicants. Our greatest desire is that we do everything possible to help all of those called into cross-cultural service for Christ.

All applicants are responsible for raising 100% of their support. Being accepted by the HBC Missions Committee for financial support does not indicate that fund-raising activities should cease. We encourage all participants to explore all avenues of support and even, if possible, to raise above the required amount in an effort to support others and the project. This suggestion is not meant to keep you from asking for support, as the church desires to be an integral part of your STM, but rather, we only want all participants to experience the process and often challenging work of deputation.

The HBC Missions Committee will determine what financial support will be supplied to the applicant up to a maximum of 25% as funds are available.

Name _____

Address _____

City _____ Province _____

Postal Code _____ Telephone Number () _____

Name of Missions Agency you are applying to _____

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Location of Short-Term Mission _____

Dates of Short-Term Mission _____

Purpose of Short-Term Mission _____

Financial Details

- Cost of the project (Canadian\$) _____

- How do you propose to raise the money you need?

- Amount you will contribute: _____

- Amount you expect in gifts from others: _____

- Total amount raised to date: _____

- How much are you requesting for HBC support? _____

Financial Support Requirements:

Applicants for financial support are required to fulfill the following:

1. Must be a professing Christian and a member of HBC, regular attender (non-member) and actively involved at HBC or currently attending HBC and considers HBC to be their home church.
2. Must meet individually with member(s) of the HBC Missions Committee for an interview.
3. Must submit a copy of the Evaluation Form to the HBC Missions Committee within one month of their return.

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4. For those going with missions agencies other than HBC please fill out the following information so that if your financial aid is approved it may be distributed as efficiently as possible.

Please enter to whom the cheque should be made payable:

Address where the cheque should be sent:

I have reviewed this application and I agree to fulfill the requirements stated above. All of my answers are truthful to the best of my knowledge.

Signed: _____

Date: _____

Please enclose a brochure and/or any other information about the Missions Agency that is sponsoring this short-term mission project that would help the Missions Committee make a decision in regard to your application for the STM Grant.

Upon completion of this application, please submit it to the HBC church office. You may also be requested to attend a Missions Committee meeting or meet with some of its members in order to personally share with the Committee and answer any questions it may have. We will notify you as soon as possible of our decision in regard to this application.

You can be assured that this application will be held in the strictest confidence by the Missions Committee.

Should you have any questions or concerns about this application, please feel free to contact any member of the Missions Committee. Their telephone numbers can be obtained through the church office.

If you receive an STM Grant, you will be asked to submit one written report to the Missions Committee as well as possibly give verbal reports to the congregation when you return from your short-term mission experience.

We are excited and encouraged by your interest in missions. We know that the Lord will continue to guide you as you make preparations to serve Him through a short-term missions project. May God richly bless you in your ministry.

STATUTORY DECLARATION

CANADA)
PROVINCE OF ALBERTA)
TO WITNESS)

In the matter of permitting
minor to travel without his or
her parent or guardian.

I (We) _____ of Calgary in

the province of Alberta do solemnly declare as follows:

I/(We) am (are) the _____ of _____
Lawful custodial and/or non-custodial parent(s) legal guardian(s) *Child's Full Name*

Date of Birth _____

Place of Birth _____

Canadian Passport Number _____

Date of Issuance of Canadian Passport _____

(DD/MM/YY)

Place and issuance of Canadian Passport _____

_____ has my (our) consent to travel with any one of

Child's full name

Full Name of Accompanying Chaperone _____

Canadian Passport Number _____

Date of Issuance of Canadian Passport _____

Place of Issuance of Canadian Passport _____

Full Name of Accompanying Chaperone _____

Canadian Passport Number _____

Date of Issuance of Canadian Passport _____

Place of Issuance of Canadian Passport _____

Full Name of Accompanying Chaperone _____

Canadian Passport Number _____

Date of Issuance of Canadian Passport _____

Place of Issuance of Canadian Passport _____

to visit _____ during the period of _____ to _____. During that time period

_____ (Child's full name) will be residing at the following address:

Number/Street Address and Apartment Number: _____

City, Province/State/Country: _____

Telephone: _____

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Any questions regarding this consent letter can be directed to the undersigned at:

Number Street Address and Apartment Number: _____

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City, Province/State/Country: _____

Telephone and Fax numbers (Work and Residence): _____

I (We) am (are) making this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath:

DECLARED before me at the City of)

Calgary, in the province of Alberta.)

This _____ day of _____ 201_)

Parent/Guardian

_____)

A Commissioner for Oaths/Notary Public

For the Province of Alberta

Parent/Guardian

—

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CONSENT OF PARENT OR LEGAL GUARDIAN

**ACKNOWLEDGEMENT OF RISK, RELEASE OF CLAIMS
AND INDEMNIFICATION AGREEMENT**

Name of Student _____ Name of Organization _____

Notice to Parents: Please read and complete this document carefully. If you have any questions or concern about the Program, any of the information contained in the Information Package or would like to receive additional information regarding the Program, please contact Hawkwood Baptist Church prior to completing and executing this document. This document constitutes a legal agreement between the Parties.

ACKNOWLEDGEMENT AND CONSENT OF PARENTS

I acknowledge that my child has been given the opportunity to voluntarily participate in the Program and I consent to my child participating on the terms and conditions set out herein:

Name of Program: _____

Dates if Program _____

Location of Program _____

Supervisors: _____

POSSIBLE RISKS

By signing this agreement we conform and acknowledge that we understand and accept that the Program involves international airline and land travel together with volunteer work in a developing country and that it is not possible to identify and describe all the possible risks that may be encountered by our child (the trip member). We further understand and acknowledge that these risks may include, and are not limited to, financial loss, illness, injury and death which may arise, directly or indirectly from this airline travel or ground transportation, as well as illness caused by unsafe food or drink, illness caused by tropical disease and unsanitary conditions, illness caused by insects or animals, injuries caused by persons known or unknown, and other injuries, accidents, sickness, illness or disease which we may be unfamiliar with.

CONSENT AND ACKNOWLEDGEMENT OF RISK

Having attended the Program Briefing, having carefully reviewed the Information Package, and having had the opportunity to raise questions and concerns or seek further information from Hawkwood Baptist Church, we, the Parents or Legal Guardians of the trip member acknowledge and agree as follows:

- 1. We are the parents or legal guardians of the Trip Member and acknowledge that we have the option to consent to the Trip Member participating in the Program. We confirm that we attended the Program Briefing provided by Hawkwood Baptist Church and have elected to allow the Trip Member to participate in the Program. We acknowledge that we have obtained all of the information that we require in order to make the decision to allow the Trip Member to participate in the**

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Program and we fully understand and accept all of the risks and dangers that may arise from the Program, whether they are known or unknown and whether they have been identified or not.

2. We are satisfied that we have been informed of our rights to obtain as much additional information about the Program as we feel necessary, including information beyond that provided to us by Hawkwood Baptist Church in the Program Briefing and the Information Package to the extent that we require and that we are not in any way relying solely upon information provided by Hawkwood Baptist Church respecting the nature and extent of the risks and hazards associated with the Program.

3. We hereby grant our consent to allow the Trip Member to travel with, and be accompanied by, the Supervisors, by means described in the Program Briefing and the Information Package.

4. We freely and voluntarily assume, on our behalf and on behalf of the Trip Member, all the risks and hazards (both known and unknown) inherent in the Program and understand and acknowledge that the Trip Member may suffer personal and potentially serious injury or death due to an unforeseen event associated with participation in the Program.

5. We acknowledge that we have informed the Trip Member that he/she is to abide by the rules, policies, regulations and directions provided by the Supervisors during the term of the Program and we agree that, in the event that the Trip Member fails to abide by the same the Trip Member will be excluded from further participation in the Program and that the Trip Member may be returned home at our expense.

6. We acknowledge the importance of providing Hawkwood Baptist Church with complete and current medical information regarding the Trip Member and confirm that the medical history set forth below has been completed accordingly. We consent to Hawkwood Baptist Church and the Supervisors obtaining such medical advice and services as they may deem appropriate at the time, and we confirm that we will be responsible for any expenses arising from such treatment.

7. We hereby enter into this agreement and consent to the Trip Member participating in the Program on the terms and conditions set forth in this agreement.

IMPORTANT MEDICAL INFORMATION

Note: Program Supervisor and Hawkwood Baptist Church will have a copy of this information during the Program to prepare for and respond to the medical needs of the Trip Member including emergencies, and may share this information with others as may be deemed necessary from time to time.

MUST BE COMPLETED IN FULL BY PARENT OR GAURDIAN

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Student Name:	Date of Birth
Alberta Health Care No.;	
Medical Conditions	
Allergies:	
Medications taken (name, dosage):	
Medical Treatment Restrictions (if any) e.g. blood transfusions	
Dietary Restrictions (if any):	

Other Concerns or Important Information:

Emergency Contacts:

1. Name:

Home Phone:

Work Phone:

2. Name:

Home Phone:

Work Phone;

I/we hereby acknowledge that I/we have carefully reviewed and understand this agreement and that I/we agree that the Trip Member has permission to participate in the Program

Date:

Name _____
Parent/Guardian(please print)

Signature _____
Parent/ Guardian

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Name _____
Parent/Guardian(*please print*)

Signature _____
Parent/ Guardian

Notice: Personal Information is collected under the authority of Alberta’s *Freedom of Information and Protection of Privacy Act* (FOIP) and the *School Act*. This information will be treated in accordance with the privacy protection provisions of the *FOIP Act*. If you have any questions about the collection or use of this information, please contact Hawkwood Baptist Church immediately.

Missions Trip Evaluation

(To be filled out upon return from the mission)

Name _____

Short Term Trip _____

Date _____

The HBC Missions Committee at Hawkwood Church is deeply appreciative of your willingness to give of your time and resources to this missions experience. We hope that your experience has been positive and life changing for you.

Please feel free to write your answers on a separate piece of paper if necessary.

Personal:

1. How has the trip affected your spiritual life?
2. What was the greatest lesson you learned on this trip?
3. What helped you learn this lesson? i.e. people, experiences, etc.
4. Did God use you in ways that you anticipated when you first filled in the application?

Team:

1. What were some of the difficulties and benefits of working as a team in a foreign country?
2. How did the age or maturity of the team relate to the effectiveness of the trip?
3. Of all your preparation before you left, what was the most helpful in preparing the team? What was the least helpful?

Work/Program

1. How effective was the program you implemented on this trip? To what extent did the program help you to fulfill the goals?
2. How effective was the leadership in implementing the program? Describe the positives and negatives.
3. How could organization have been improved? (i.e. trip preparation etc.)
4. Did you feel like you had enough time to accomplish your goals through this program? Why or why not?

Fruit of the Trip:

1. Describe any opportunities you had to share your faith either verbally or by your actions. What was that experience like?
2. How were the local Christians and/or missionaries strengthened by your presence?
3. How were other local people changed/effected by your presence?
4. What blessing/growth did you experience in your own life as a result of your efforts?

What's Next?

1. Describe the continuing needs of the area.
2. How can the next group of volunteers build on what has been done already?
3. In your opinion, do we need to send more teams to this area?
Why or why not?