



Please indicate in numerical order your preferred scholarship opportunity. Mark with an X any trips that are not possible.

Integral Mission _____
Buenos Aires/La Paz, Oct, 2010

Religious Minorities _____
London/Beirut, June, 2010

Ministering Cross-Culturally _____
Duncan, BC/Indonesia, Aug, 2010

PASTOR'S EDUCATION MISSION TRIP

Additional items required:

Attached To Follow

Photocopy of the ID page of my passport

Attached \$100 deposit payable to Canadian Baptist Ministries

Letter of support from church board

Please print clearly

Your name as it appears on your passport:

	Surname	Given Names
Preferred Name:		Date of Birth: _____
Mr./Mrs./Ms./Dr./Rev.:		(dd/mm/yy)
Sex:	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	
Street		City
Province		Postal Code
Phone: Home		Work
Cell		E-mail
Fax		
Citizenship:		
Passport #		Issuing Country _____ Expiry Date _____

Please attach photocopy of ID page in passport. If you will require a new passport prior to traveling, please forward a copy of the ID page when you receive it. Passport must be valid at least 6 months after your return to Canada.

Please describe how your involvement in this scholarship program would benefit your current ministry? Do you have relevant ministries with any of the cultures being visited?

Health & Emergency Information

Describe your state of physical fitness (include physical limitations):

Allergies:

Ongoing Medications:

Physician's Name _____ Phone _____

Dentist's Name _____ Phone _____

Emergency Contact _____ Relationship _____

Contact's address _____ Phone _____

Ministry Involvement

Church _____ Position held _____

Address _____

Phone # _____

Previous responsibilities and positions held

Previous STM Experience

Organization _____ Dates _____

Project _____ Country _____

Organization _____ Dates _____

Please provide the name and contact information for the head of your Deacon's or Church Council who are recommending you for this trip:

Name

Email

Please complete and mail to:

Canadian Baptist Ministries

Attn.: STM Department

7185 Millcreek Drive

Mississauga, ON L5N 5R4

CBM POLICIES

CODE OF CONDUCT

I will show respect for CBM personnel and partners and cooperate with team leaders and members. I will be culturally sensitive to the use of alcohol and tobacco and take direction from the CBM field staff on matters of dress and jewelry. I will not use illegal substances and will not become involved in a dating relationship with team members or nationals while a participant in the project.

CRISIS MANAGEMENT

In the event of potential or immediate danger, I agree to respect and heed the decisions made by the CBM crisis management team.

RELEASE AND WAIVER – PLEASE FILL IN

This release and waiver of liability (hereafter referred to as the release) executed on ____ / ____ / ____ (dd/mm/yy)

by (your name) _____ (hereafter referred to as the participant) and in effect for one full calendar year from this date is in favour of Canadian Baptist Ministries.

I, the participant, desire to be member and active participant of the STM program of Canadian Baptist Ministries. I understand that the activities may include, but are not limited to, traveling to and from other countries, traveling to and from other cities and towns, consuming food and living in accommodations available and provided in the foreign countries, and participating in the activities assigned by designated STM program leadership.

CBM and the STM program will make every effort to minimize the level of undue risk in any given location and activity: understanding this I hereby freely and voluntarily, without duress, execute this release under the following terms:

1. I release and forever discharge and hold harmless the STM program and its successors and assigns from any and all liability, bodily injury, personal injury, illness, death or property damage that may result from my participation with the STM program. I also understand that the STM program does not assume any responsibility for or obligation to provide financial assistance or other assistance including but not limited to medical, health or disability insurance, in the event of injury, illness, death or property damage.
2. I understand that the STM program does carry and maintain limited health, medical or disability insurance coverage for all STM team participants. The STM program has provided me with a copy of the health, medical and disability insurance coverage and I have read and understood the coverage limitations that are being purchased for me: http://www.travelinsurance.ca/customers/canadians/all_inclusive/non_usa.html (Deluxe Package) or www.rbcinsurance.com/travel/packages.html (Deluxe Package). I assume responsibility for any additional coverage that I deem necessary for my wellbeing. I release and forever discharge the STM program from any claim whatsoever which arises or may hereafter arise on account of my first-aid treatment or other medical services rendered in connection with an emergency during my participation with the STM program.
3. I understand that during my participation with the STM program the possibility exists that I may encounter situations which pose risk, or potential risk, to my safety and wellbeing including terrorism, war, insurrection, or criminal activities. I understand that Canadian Baptist Ministries and the STM program will not pay ransom or make any other payments in order to secure the release of hostages. I hereby expressly and specifically release Canadian Baptist Ministries and the STM program from all liability for injury, illness, death, or property damage resulting from my participation in the STM program.
4. I understand that if I make a cancellation not due to illness after the airline tickets, insurance, and land arrangements are already paid by CBM, I will be responsible for the full cost of the project.
5. I understand this application is accepted based upon CBM receiving affirming references and police check.1
6. I understand CBM can deem an applicant unsuitable for a project or require permission of a doctor to participate.

Name _____ Signature _____
Address _____ Date _____