

MEN FOR MISSIONS INTERNATIONAL - CANADA

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Ministry Application Instructions

We are thrilled you have made a decision to experience a short-term mission trip. Please don't forget to fill out the skills section on the back page so your skills and talents can be put to good use while on the mission field.

1. Fill out this application completely form and return to one of our offices.
2. Have medical forms filled out by your doctor and returned to our office.
3. Enclose minimum \$500.00 non-refundable deposit with paperwork.

When 1,2 & 3 are complete, we will start pricing airline tickets to establish a more accurate final total ministry team price. At this point, we will notify you of a second payment to at least cover ticket cost.

4. After the second payment is in to our office, ticket and insurance prices will be confirmed and the final price established, then we will notify you of the final amount.
5. Please read carefully all mission team information and the "Insurance information" sheet. They have important information for your benefit in preparing for the foreign field..

NOTE: We will not be able to proceed with space allotment or ticketing unless all paperwork and money is in our office as in 1 to 5 above. Therefore, it is important to respond promptly.
You must have a valid passport that is current at least 3 months (90 Days) after you return home.

You will be notified of your acceptance and, if not accepted, with the reason.

APPLICATION for MINISTRY/WORK TEAM

Application Date: / /

Departing to: **on** / /

Returning on: / /

NAME:

NICKNAME: **Salutation**

SPOUSE'S NAME:

ADDRESS:

CITY: PROVINCE: POSTAL CODE: -PHONE Home: ()-- ; Work: ()--Cellular / Mobile Phone: ()--FAX: Home: ()-- ; Work: ()--E-MAIL: E-mail2: PROVINCIAL HEALTH NUMBER: SEX: ; HEIGHT: ft - in. ; WEIGHT: lb.BIRTH COUNTRY: BIRTH DATE: / / PASSPORT NUMBER: PASSPORT ISSUED IN: VALID UNTIL: / / Other Languages Spoken: OCCUPATION: Overall Health : LAST PHYSICAL EXAM: / / ANY HANDICAPS: SPECIAL MEDICATION:

Since nationals view each team member as a missionary, it is necessary for every team member to comply with missionary standards. Therefore, while in transit to or from the field, and while in the field, NO tobacco, alcohol, illegal drugs, or morally questionable conduct, will be permitted.

I understand and am in agreement

IN CASE OF EMERGENCY, NOTIFY: Salutation:

[] []

ADDRESS: []

CITY: []

PROVINCE: [] POSTAL CODE: [] []

PHONE Home: ([])-[]-[] ; Work: ([])-[]-[]

Cellular / Mobile Phone: ([])-[]-[]

E-MAIL: []

******* church involvement *******

I ATTEND CHURCH REGULARLY: [] []

CHURCH ADDRESS: []

CITY: []

PROVINCE: [] POSTAL CODE: [] []

PHONE : ([])-[]-[] ; ([])-[]-[] ;

PASTOR: [] []



If you wish to submit your testimony/personal story with this application, please use box below. Add a page of paper if needed.

RELEASE

Foreign travel by its very nature, offers an unfamiliar and unique environment. There are risks of injury to both persons and property. I understand that by my participation in this (or other) MFMI team excursions, I am indicating my acceptance of these risks. I authorize OMS International Inc. (U.S.), and/or OMS International in Canada, to obtain and secure reasonable medical or surgical treatment for me in the event of an emergency.

Initials: _____

In consideration of my being accepted on an MFMI team, I hereby voluntarily release and agree to hold harmless and indemnify OMS International Inc. (U.S.), OMS International in Canada, MFMI in both countries, and all of their servants, agents, employees, directors, officers and volunteers from any claim, demand, action, threat of action or liability of any nature or kind including legal fees and expenses which may result from my participation on the team and any damage suffered as a result thereof, whether such damage was occasioned in whole or in part by any negligence, want of care or breach of duty or any omission on the part of the above organizations or their servants, agents, employees, directors, officers and volunteers or whether it was occasioned by any act of a third party.

Initials: _____

I am aware that basic accident and sickness insurance coverage is provided as part of the MFMI team program, but that this insurance may not cover all situations. Furthermore, I understand that there is no personal property insurance provided through the MFMI team program, and that such insurance is considered a personal responsibility of the program participant.

Initials: _____

Applicant's signature: _____

Date signed: _____ / _____ / _____
day month year

Skills Questionnaire

NAME:

AGE: **FIELD LOCATION:**

DATES ON FIELD: / / **TILL** / /

Listed below are **skills** that are valuable in missionary service. Please read the skills carefully and check off skills in which you have experience.

Pastoral Skills

- Planning and Leading worship
- Organizing religious emphasis time
- Leading groups

Fine Arts Skills

- Dramatics
- Graphics
- Photography
- Video
-

Musical Skills

- Instrument
- Vocal
- Instrument
- Directing/playing in orchestra
- Directing/singing in choir
- Song leading
- Solo voice ministry
- Solo instrument ministry
- Accompaniment (instrument)

Ministry Skills

- Worship leader
- Preaching
- Bible teacher
- Counselor
- Evangelist

Teaching Skills

- Church school classes
- Leading bible study groups
- Leading discussion groups
- Coaching athletics
- Camp counselor
- Writing
- Public speaking
- Teaching English as a second language

Homemaking and Hobbies

- Cooking
- First Aid
- Sewing
- Sports
- Leading group games

Building Skills

- Carpentry
- Electrical
- Plumbing
- Heating/AC
- Masonry
- Drywall
- Painting
- Floor covering
- Architect/Design
- Landscaping

Agricultural Skills

- Gardening
- Farming ()
- Stock raising ()
- Poultry raising

Office Skills

- Computer data entry
- Computer programming
- Typing (wpm)
- Shorthand (wpm)
- Accounting
- Bookkeeping

Mechanical Skills

- Gas/diesel repair
- Auto body repair
- Small engine repair
- Welding
- Electrical work

Medical Skills Specialty

- Doctor
- Dentist
- Nurse
- Veterinarian
- Physiotherapist
- Registered Nurse's assistant
- Nurse Practitioner

Other Skills

- Writer
- Radio
- Television

Please comment on the areas you are **most** proficient (use extra page if necessary):