

**MEN FOR MISSIONS INTERNATIONAL - CANADA**

Mount Forest

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Email: mail@mfmcanada.ca**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 form completely 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.

**NOTE:** A vulnerable sector police check is required. Instructions on how to obtain this will be provided to you by the Men for Missions office.

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:   aaaaaaaa  

DEPARTING TO: ""aaaaaaaaaaaa "ON:   aaaaaaaa   ""RETURNING:   aaaaaaaa  

NAME: First   aaaaaaaaaaaaaaaaaaaa   ""Last   aaaaaaaaaaaaaaaaaaaa  

NICKNAME:   aaaaaaaaaaaaaaaaaaaa   ""SALUTATION:       

SPOUSE'S NAME: First   aaaaaaaaaaaaaaaaaaaa   ""Last""   aaaaaaaaaaaaaaaaaaaa  

ADDRESS:   aa  

CITY:   aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa  

PROVINCE:   aaaaaaaaaaaaaaaaaaaa   ""POSTAL CODE: ""   aa   -   a  

PHONE: Home   aaaaaaaaaaaaaaaaaaaa   ""Work""   aaaaaaaaaaaaaaaaaaaa  

Cellular / Mobile   aaaaaaaaaaaaaaaaaaaa  

FAX: Home   aaaaaaaaaaaaaaaaaaaa   ""Work""   aaaaaaaaaaaaaaaaaaaa  

E-MAIL: 1   aaaaaaaaaaaaaaaaaaaa   ""2   aaaaaaaaaaaaaaaaaaaa  

PROVINCIAL HEALTH NUMBER:   aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa  

SEX:        HEIGHT:        ft.        in. WEIGHT:        lb.

BIRTH COUNTRY:   aaaaaaaaaaaaaaaaaaaa   ""BIRTH DATE: ""   aaaaaaaaaaaa  

PASSPORT NUMBER: ""   aaaaaaaaaaaaaaaaaaaa   ""ISSUED IN: ""   aaaaaaaaaaaa  

VALID UNTIL:   aaaaaaaa  

OTHER LANGUAGES SPOKEN:   aa  

OCCUPATION:   aa  

OVERALL HEALTH:   aaaaaaaaaaaa   ""NCST PHYSICAL EXAM: ""   aaaaaaaaaaaa  

ANY HANDICAPS:        If Yes, list:   aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa  

SPECIAL MEDICATION:        If Yes, list:   aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa  

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 o qrally questionable conduct will be permitted.

My signature below indicates I understand and am in agreement.

**IN CASE OF EMERGENCY**

NOTIFY:   aaaa     aaaaaaaaaaaaaaaa   ""SALUTATION:       

NAME: First   aaaaaaaaaaaaaaaaaaaa   ""Last""   aaaaaaaaaaaaaaaaaaaa  

ADDRESS:   aa  

CITY:   aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa  

PROVINCE:   aaaaaaaaaaaaaaaaaaaa   ""POSTAL CODE: ""   a   -       

PHONE Home:   aaaaaaaaaaaaaaaaaaaa   ""Work: ""   aaaaaaaaaaaaaaaaaaaa  

Cellular / Mobile   aaaaaaaaaaaaaaaaaaaa  

E-MAIL:   aaaaaaaaaaaaaaaaaaaa

**CHURCH INVOLVEMENT**

I ATTEND CHURCH REGULARLY: \_\_\_\_ If Yes, NAME:"\_\_aaaaaaaaaaaaaaaaaaaa

ADDRESS: \_\_aaa\_

CITY: \_\_aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa\_

PROVINCE: \_\_aaaaaaaaaaaaaaaaaaaa\_ "\*\*\*\*\*"POSTAL CODE:"\*\*\*\*\*" \_a\_ - \_\_\_\_

PHONE 1: \_\_aaaaaaaaaaaaaaaa\_ "\*\*\*\*\*"2: \_\_aaaaaaaaaaaaaaaa\_

PASTOR: \_\_aaaaaaaaaaaaaaaaaaaaa\_

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

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**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) Men for Missions team excursions, I am indicating my acceptance of these risks. I authorize One Mission Society Canada and/or One Mission Society United States to obtain and secure reasonable medical or surgical treatment for me in the event of an emergency.

Initials: \_\_\_\_\_

In consideration of me being accepted on a Men for Missions team, I hereby voluntarily release and agree to hold harmless and indemnify One Mission Society Canada, One Mission Society United States, Men for Missions 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 Men for Missions team program, but that this insurance may not cover all situations. Furthermore, I understand that there is no personal property insurance provided through the Men for Missions 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: First \_\_\_\_\_ "Last" \_\_\_\_\_

AGE: \_\_\_\_\_ FIELD LOCATION: \_\_\_\_\_

DATES ON FIELD: FROM \_\_\_\_\_ TILL \_\_\_\_\_

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

**PASTORAL**

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

**FINE ARTS**

- Dramatics
- Graphics
- Photography
- Video
- \_\_\_\_\_

**MUSICAL**

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

**MINISTRY**

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

**TEACHING**

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

**HOMEMAKING / HOBBIES**

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

**BUILDING**

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

**AGRICULTURAL**

- Gardening
- Farming \_\_\_\_\_
- Stock raising \_\_\_\_\_
- Poultry raising

**OFFICE**

- Computer data entry
- Computer programming
- Typing \_\_\_\_\_ wpm
- Shorthand \_\_\_\_\_ wpm
- Accounting
- Bookkeeping

**MECHANICAL**

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

**MEDICAL**

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

**OTHER**

- Writer
- Radio
- Television

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