



Missions Team Participant Application

P.O. Box 820, Stn. Main
Stouffville, ON L4A 7Z9

Tel: 905-642-4661
Fax: 905-640-2186
Toll-free: 1-866-648-0664
ellen@emascanada.org

Trip Applying for

** See www.emascanada.org/up-comingtrips.htm for a list of upcoming missions and indicate which trip you are applying for.

Destination Country _____ Date of Trip From: _____ To: _____

General Information

Title: Dr. Mr. Mrs. Ms. Miss First Name _____ Last Name _____

Home Address _____ City _____

State/Prov. _____ Postal Code _____ Country _____

Office Address _____ City _____

State/Prov. _____ Postal Code _____ Home Tel. _____

Work Tel. _____ Fax _____ E-mail Address _____

Date of Birth _____ Passport No. _____ Passport Expiry Date _____

Citizenship _____ Emergency Contact _____

Emergency Tel. _____ E-mail _____

Qualifications

What are your professional qualifications? _____ Year of Graduation _____

Degree _____ Specialty _____ Other Qualifications _____

Applicant must enclose copy of current professional licence/diplomas, if applicable.

Christian Experience

Are you a church member or an adherent? Yes No

Name of Church _____ Denomination _____

Previous Overseas Experience _____

What do you hope to contribute to this mission?

Statement of Faith

Are you able to sign the following statement of faith? Yes No If you are not, or if you wish to discuss it, please explain.

Apostles' Creed

*I believe in God, the Father almighty,
creator of heaven and earth.*

*I believe in Jesus Christ, God's only Son, our Lord,
who was conceived by the Holy Spirit,
born of the Virgin Mary,
suffered under Pontius Pilate,
was crucified, died, and was buried;
He descended to the dead.
On the third day He rose again;
He ascended into heaven,*

*He is seated at the right hand of the Father,
and He will come again to judge the living and the dead.*

*I believe in the Holy Spirit,
the holy catholic¹ church,
the communion of saints,
the forgiveness of sins,
the resurrection of the body,
and the life everlasting.*

1. The word "catholic" refers not to the Roman Catholic Church, but to the universal church of the Lord Jesus Christ.

Signature

Representations and Acknowledgment

The undersigned represents and warrants to EMAS the following:

- (a) The undersigned is in good physical and mental health and is fully capable of undertaking the assignment to which this application relates;
- (b) The undersigned has never been convicted of a criminal offence in Canada or elsewhere.

The undersigned further acknowledges that engaging in the assignment to which this application relates may involve personal risk of exposure to communicable disease, bodily injury or kidnapping. The undersigned acknowledges that although EMAS makes every effort to ensure the safety of its volunteers, in the unlikely event of a kidnapping incident, it is the policy of EMAS not to pay ransom to any individual, group or government demanding payment for the release of overseas personnel. The undersigned acknowledges that the undersigned understands and accepts the foregoing policy.

WAIVER OF RESPONSIBILITY

As part of your application we would ask you to sign the release and indemnity below. As a result, you and your family will absolve EMAS CANADA, and any respective directors, officers, employees and agents, from any liability that may arise as a result of your participating in the activities of the above mentioned organization. As well, you agree to indemnify the directors, officers, employees and agents of the above named organization from any and all actions that may be brought as a result of your participation in the activities of the above named organization. The foregoing is an attempt to summarize the effect of the release and indemnity but does not affect the terms thereof.

RELEASE AND INDEMNITY

IN CONSIDERATION of the benefits derived, if accepted by EMAS as a team member, and other valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the undersigned for himself, and his heirs, executors, personal representatives, successors and assigns hereby releases and forever discharges EMAS CANADA and its respective directors, officers, employees and agents (including team leaders) of and from all manner of actions, causes of action, suits, debts, dues, accounts, bonds, covenants, contracts, claims and demands whatsoever which the undersigned has or hereafter can, shall or may have for or by reason of any injury, damage or loss that may be sustained, however caused, in consequence of, or in any way related to the activities of the above named organizations.

AND FOR THE CONSIDERATION aforementioned, the undersigned further agrees to indemnify and save harmless the directors, officers, employees and agents (including team leaders) of EMAS CANADA from all manner of actions, causes of action, suits, debts, dues, accounts, bonds, covenants, contracts, claims and demands whatsoever which arise, directly or indirectly, from the undersigned's activities, whether on behalf of the above named organizations or otherwise.

AND I am fully aware and acknowledge the risk involved in the participation of the said activities, and that notwithstanding same, I am voluntarily proceeding with the undertaking and I am assuming all of the risk of injury, damage or loss to me and the others in connection therewith.

IN WITNESS WHEREOF I have executed this Release at _____ this _____ day of _____, _____.

SIGNED in the presence of

Witness

Signature

Print

Print

Proof of medical insurance must be attached to application.