APOSTOLIC CHRISTIAN CHURCH MISSION BOARD OF CANADA

ACCMBC Work Team Application

Personal Information

Last Name _____ First Name _____ Middle Initial _____

Street Address _____ City _____ Province/State _____ Postal Code _____

Church you attend _____ Previous Mission Trip Experience Details (Location & year) _____

Phone Number: ☐☐☐☐☐☐☐☐☐☐ Email: _____

Date of Birth (m/d/y): _____ Gender (M/F): ☐ Baptized (Y/N): ☐ Year: ☐☐☐☐

Do you require financial assistance to afford this trip? ☐ Yes ☐ No If YES, how much? _____

What is the destination of this mission trip? _____

Skills	Level of Experience		
Framing	☐ Basic	☐ Intermediate	☐ Expert
Carpentry	☐ Basic	☐ Intermediate	☐ Expert
Roofing	☐ Basic	☐ Intermediate	☐ Expert
Painting	☐ Basic	☐ Intermediate	☐ Expert
Electrical	☐ Basic	☐ Intermediate	☐ Expert
Plumbing	☐ Basic	☐ Intermediate	☐ Expert
Computer	☐ Basic	☐ Intermediate	☐ Expert

Skills	Level of Experience		
Cabinetmaking	☐ Basic	☐ Intermediate	☐ Expert
Plaster/Drywall	☐ Basic	☐ Intermediate	☐ Expert
Cement/Concrete	☐ Basic	☐ Intermediate	☐ Expert
Masonry	☐ Basic	☐ Intermediate	☐ Expert
Tiling	☐ Basic	☐ Intermediate	☐ Expert
Cooking	☐ Basic	☐ Intermediate	☐ Expert
Music/Teaching	☐ Basic	☐ Intermediate	☐ Expert

Do you speak, read or write in any language(s) other than English? ☐ Yes ☐ No

*Indicate language(s): _____

Do you have any hobbies/gifts/talents/interests that could be valuable on this work team? _____

Applicant Acceptance Statement

I agree to work towards the goals of the team to the best of my ability. I will give my full cooperation to all co-workers and follow the guidelines and direction of the team leader, the ACCMBC and the local missionary base being served. I also understand that the purchase and use of alcohol is forbidden. Romantic relationships with locals or fellow members are also prohibited. Payment or donations to cover trip costs are due prior to the trip and is non-refundable

Signature: _____ Date: _____

Approval and Endorsement (Local Church Minister/Elder **OR** ACCMBC Trustee)

How well do you know the applicant? Not at all ☐ Somewhat ☐ Very Well ☐

Have you spoken to the applicant about their goal/purpose in applying for this work team? Yes ☐ No ☐

Does the applicant respond well to instructionand God-given authorities? Yes ☐ No ☐

Is the applicant a good representative of your church and a benefit of the work team Yes ☐ No ☐

Church Leader/ ACCMBC Trustee _____ Signature: _____ Date: _____

Email: _____ Phone Number: ☐☐☐☐☐☐☐☐☐☐

When all pages of this form are completely filled out, please scan and email to rick.tomic@accmbc.org

APOSTOLIC CHRISTIAN CHURCH
MISSION BOARD OF CANADA

MEDICAL RELEASE FORM

A. Name of Applicant: _____ Age at time of travel: _____

B. Rate your present health:

Excellent ☐ Above Average ☐ Average ☐ Below Average ☐ Poor ☐

List any allergies you have: _____

List any special diet requirements: _____

List any medical conditions that you have that can or may affect your trip experience and/or may require the assistance of another person on a regular or emergency basis: (Eg. Epi pin administered when stung by bee)

_____

C. ☐ I will obtain personal medical insurance to cover the time frame I am out of country as well as any applicable vaccinations

Information to be completed by parent if traveller under 18 or by self if over 18

Name of Parent/emergency contact: _____

Home Address: _____

Home Telephone: _____ Business: _____

Check box if Applicant has had any of the following:

☐ Chicken Pox	☐ Appendicitis	☐ Whooping Cough
☐ Measles (red)	☐ Frequent Colds	☐ Toothaches
☐ Measles (german)	☐ Hay Fever	☐ Mumps
☐ Epilepsy or fainting	☐ Severe Stomach Aches	☐ Hepatitis
☐ Asthma	☐ Rheumatic Fever	☐ Tonsillitis
☐ Ear trouble	☐ Sinusitis	

Information about special conditions:_____

_____

_____

To the best of my knowledge, I or my child is in good health. In the case of medical emergency, I understand every effort will be made to contact parents/guardian or emergency contact. In the event I cannot be reached, I hereby give permission to the physician selected by the Team Leader to hospitalize, secure proper treatment, order injections, anaesthesia or surgery for my child as named above.

Date:_____ Parent's Signature: _____

Date:_____ Applicant's Signature:_____

April-01-15

When all pages of this form are completely filled out, please scan and email to rick.tomic@accmbc.org