

North York Christian Community Church

Application for Short Term Missions Subsidy

Short Term Missions Trip:

Organized by: _____

Destination: _____

Date: from _____ to _____
dd/mm/yyyy dd/mm/yyyy

Estimated Costs(C\$):

This is my 1st 2nd 3rd (or more) time joining this STM to the same destination.

NYCCC Subsidy: Yes or No

Personal Information:

Full Passport Name: (English) _____

(中文名) _____ e-mail: _____

Address: _____ City: _____ Postal Code: _____

Telephone: (Home) _____ (Work) _____ (Cell) _____

Place of birth: _____ Date of birth: _____ Gender: _____

Language and other dialects: _____

Church: _____ Fellowship: _____

Date of Baptism: _____ ACEM Church Membership: Yes No

Occupation: _____

Medical information: _____

Passport Information:

Nationality: _____ Passport No: _____ Expiry Date: _____

Emergency Information:

Full Name: _____ Relationship to you: _____

Address: _____ City: _____ Postal Code: _____

Telephone: (Home) _____ (Work) _____ (Cell) _____

Education Information:

High School ; College ; University Year: _____ Degree: _____

Others: _____

Please describe other skills and talents:

Ministry Experience/Involvement: (please refer to Appendix A attached.)

Previous short term missions experiences (the last 3 or less):

Trip #	Date (mmm/yyyy)	Organized by	Destination
1.			
2.			
3.			

Purpose of participating in this trip:

Short / Long term goal towards missionary service:

Important acknowledgement:

By signing this application,

1. I agree that I must arrange sufficient coverage of **Travel Medical and Hospital Insurance** covering the period of travel.
(Remark: If you need to purchase this insurance, the cost of this coverage is considered as part of the cost of the trip and is eligible for the subsidy.)

2. All subsidy approval is subject to NYCCC's mission policy and Missions Deacon's decision.

Signature of Applicant: _____ Date: _____

NOTE TO APPLICANT: Please forward your completed Application Form and Waiver of Responsibility, with a copy of the Short-Term Missions Recommendation Form, to Leader or Pastor of NYCCC for recommendation.

FOR NYCCC OFFICE USE ONLY:

Application Form received on: _____ By: _____

If subsidy is required,

	Costs C\$	Subsidy %	Subsidy Amount C\$
TOTAL			

Reviewed & Completed by:

Name: _____ (please print) Signed: _____ Date: _____

Ministry Experience/Involvement

Please check all that applies to you below and write comments on your involvement.

Ministry	Future participation	Have participated	Have assisted in leading	Can Lead	Comments
EVANGELISM					
Sports Outreach					
Evangelistic Meeting					
Church Planting					
Christian Education					
MUSIC					
Worship Team					
Choir					
DISCIPLESHIP					
Men's ministry					
Women's ministry					
Fellowships					
Youth group					
Small Groups					
CARING					
Visitation					
Counselling					
STEWARDSHIP					
Deacon/deaconess					
Finance/treasury					
Computer/web /technology/ church building project					
OTHER MINISTRY (summer camps, retreats, community and para-church organizations, etc.)					
1. _____					
2. _____					
3. _____					
4. _____					

Waiver of Responsibility

Short-term/Mid-term Missions Trip

Date of Trip: From _____ to _____
dd/mm/yyyy dd/mm/yyyy

Destination: _____ (the "Trip")

Name of Applicant: _____ (the "Applicant")

IN CONSIDERATION of The Association of Christian Evangelical Ministries Canada's ("ACEM") consideration of the Applicant's application for participation in the Trip (the receipt and sufficiency of which consideration are hereby expressly acknowledged), the Applicant hereby remises, releases and forever discharges ACEM, its affiliated churches and any respective directors, officers, agents, employees and representatives (collectively, the "Releasees") from all manner of actions, causes of action, suits, debts, duties, accounts, bonds, covenants, contracts, liens, liabilities, indemnities, claims, costs, demands and sums of money that may arise from the Applicant's participation in the Trip. **AND FOR THE SAID CONSIDERATION**, the Applicant further agrees not to make any claim or take or continue or participate in any proceedings whether commenced or continue, either alone or with any other person or corporation, against any other person or corporation who might claim contribution or indemnity under the provisions of the *Negligence Act* and the amendments thereto or under any successor legislation thereto or under the *Courts of Justice Act* or the *Rules of Civil Procedure* from any of the Releasees with respect to the matters herein referred to and released. If the Applicant commences such an action, or take or maintain such proceedings, and any of the Releasees are sued, added as a main party or third party, or against whom claims for contribution or indemnity are made, the Applicant shall indemnify the Releasees for all settlement, judgment, awards of damages, costs, legal fees, disbursements and expenses arising out of said proceedings and will assume the conduct of the Releasees' defence to such proceedings or claims, which defence will be subject to the Releasees' approval of legal counsel selected for this purpose. This Waiver shall operate conclusively as an estoppel in the event of any claim, action, complaint or proceeding which might be brought in the future by the Applicant (or by others on behalf of the Applicant), for the Applicant or on behalf of others with respect to the matters covered by this Waiver. This Waiver may be pleaded accordingly, in the event any such claim, action, complaint or proceeding is brought, as a complete defence and reply, and may be relied upon in proceedings to dismiss the claim, action, complaint or proceedings on a summary basis and no objection will be raised by the Applicant in any subsequent action that the other parties in the subsequent action were not privy to formation of this Waiver.

The Applicant acknowledges and is fully aware of the risk involved in the participation of the Trip, and that notwithstanding same the Applicant is voluntarily proceeding with the undertaking and is assuming all the risk of injury, damage or loss to the Applicant and to the others in connection therewith.

The Applicant further acknowledges that:

- 1.the Applicant has been afforded an opportunity to obtain legal advice on the terms and conditions of thisWaiver; and
- 2.the terms of this Waiver are fully understood and that this Waiver is given voluntarily by the Applicant.

Signature of Applicant

Date: _____

For applicants under the age of 18:

Signature of Parent / Legal Guardian

Date: _____

Name of Parent/Legal Guardian: _____ Relationship: father/ mother/ guardian
(please print)

Contact Telephone No.: _____

Witness to All Signatures above:

Signature of Witness

Name: _____
(please print)

Emergency Information:

Full Name: _____ Relationship to you: _____

Address: _____ City: _____ Postal Code: _____

Telephone: (Home) _____ (Work) _____ (Cell) _____

Short-Term Missions Recommendation Form
To be completed by Leader/Pastor

If you are 8-13, you must be accompanied by your parent(s) or guardian(s) who meets Applicant Qualifications indicated in our Missions Policy. Your recommendation must be done by:

1. Team leader (to specify how the applicant contribute in the team), and
2. Children Pastor or Sunday School Teacher

Name of Applicant: _____

Leader/Pastor providing recommendation:

Name: _____ **Position at Church:** _____

1. How long have you known the applicant and under what circumstances?

2. Please evaluate the applicant in the following areas:

	(1 = low, 5 = high)					Comments
Humility	1	2	3	4	5	_____
Servanthood	1	2	3	4	5	_____
Leadership	1	2	3	4	5	_____
Teachability	1	2	3	4	5	_____
Maturity	1	2	3	4	5	_____
Faithfulness	1	2	3	4	5	_____
Team Spirit	1	2	3	4	5	_____

3. Do you recommend this applicant for this trip? Yes No

If you **do not** recommend, please provide reasons and suggestions as to how the applicant can prepare for future short-term missions.

 Signature of Leader providing recommendation Date: _____

 Signature of Pastor (if different from above) Date: _____

NOTE TO LEADER/PASTOR: Please forward the completed Recommendation Form, together with the Application Form and Waiver of Responsibility, directly to NYCCC Missions Department.