



Student Ministries - Calvary Baptist Church  
 300 Rossland Road E., Oshawa, ON L1G 2X1  
 Ph: (905) 433-2960 © Fax: (905) 433-4734



## Student Mission Trip Application

**Lusaka, Zambia**  
**(Send International Ministries)**  
**8 Spots Available: August 9-25, 2012**  
**Cost ~ \$4000**

*Fill out this form and return it with at least two (2) complete references to the Church Office by November 13, 2011 to apply. You must have completed Grade 11 to participate. We will not make exceptions. Deposit of \$250 required to confirm spot upon selection.*

### Section One: Personal Information

Applicant's Full Name: \_\_\_\_\_  
 Birthday (dd/mm/yy): \_\_\_\_\_  
 Gender: Male  Female   
 School Grade Level: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_  
 Cell Phone #: \_\_\_\_\_  
 Passport: Valid  Expired  Expiry date: mm/dd/yy: \_\_\_\_/\_\_\_\_/\_\_\_\_

*Why do you want to participate on this trip? (Use the overflow page if necessary)*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*Have you ever participated on a Calvary Student Mission Trip before? Yes  No*   
*Destination? \_\_\_\_\_ What year? \_\_\_\_\_*

*Are you prepared to eat new and unusual foods as part of the ethnic experience? Yes  No*

*Do you anticipate any problems raising the money needed for this trip? Yes  No*

*Are you available Sunday afternoons, January -June, for team building and training? Yes  No*

*Will you be available for fund raising events and team building times etc. Yes  No*



## Section Two: Medical History

Doctor's Name: \_\_\_\_\_  
 Doctor's Phone #: \_\_\_\_\_  
 Health Card #: \_\_\_\_\_

*For your health and safety it is very important that you are honest with us regarding any health conditions. All health records are confidential. Also, from now until your trip starts, if your state of health changes please notify our office promptly. Note: While serving in certain countries we may be more than an hour away from suitable health care facilities.*

**Do you have any Medical Conditions (please check one):**  Yes  None

*If yes, circle all that apply. Candidates with conditions that are in **bold** require a doctor's permission to participate. Candidates with conditions that are underlined will be considered ineligible for participation.*

ADD / ADHD	Hypothyroidism	Hypotension	IBS / Crohns
Arthritis	Asthma	<b>Heart Disease</b>	Back Injury
Migraines	<u>Hemophilia</u>	Hepatitis	Kidney Disease
<u>Depression</u>	Epilepsy	Diabetes	Hypertension
<u>Pregnancy</u>	Hypoglycemia	<u>Tuberculosis</u>	Other _____

*List any history of health or medical conditions that could affect your level of participation on this trip. (ADHD, Fainting, Chronic Headaches, Anaemia, Sleep walking, Anxiety etc.)*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Allergies (please check one):**  Yes  No known allergies

*If yes, list all known allergies (including food) in the space provided. If you have a life threatening allergy, it is recommended you carry an Epi-Pen and wear a Medic - Alert bracelet.*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**Allergy Symptoms Treatment**

Are you currently taking any medications? (please check one): Yes  No

If yes, list below:

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**Name of Drug Dosage Reason for Taking**

NOTE: Make sure you bring all necessary medications for the duration of the trip and have them stored in their original containers.

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**Suggested Immunizations:**

We suggest that you visit your family physician or travel clinic at least three months before the Mission Trip and ensure you are advised about all immunizations. The immunizations listed below are current at the time of editing and are subject to change. Please circle all vaccinations you have received. If you have not had the Varicella vaccine, but you have had chicken pox, you may circle that one as well. THE COST OF IMMUNIZATION OR MALARIA PILLS IS NOT INCLUDED IN THE COST OF TRIP.

All suggested immunizations are up to date (Check if Yes and Skip to Section Three)

- |  |  |
|--|--|
| <input type="checkbox"/> TD - (Tetanus / Diphtheria)           | <input type="checkbox"/> Hepatitis B   |
| <input type="checkbox"/> MMR (Measles / Mumps / Rubella)       | <input type="checkbox"/> Malaria Pills |
| <input type="checkbox"/> IPV (Polio)                           | <input type="checkbox"/> Typhoid       |
| <input type="checkbox"/> Varicella (or history of Chicken Pox) | <input type="checkbox"/> Rabies        |
| <input type="checkbox"/> Hepatitis A                           |  |

**Vaccination Waiver**

I, \_\_\_\_\_ (applicant if 18 or older, or guardian otherwise) have chosen to disregard this vaccination and medication advice even though warned of the risk and hereby waive my right to hold Calvary Baptist Church and those acting on it's behalf liable for complications that could arise from not being vaccinated.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



### Section Three: Spiritual Life & Church Involvement

*This is not a vacation! The long days, full schedules and cramped accommodations will test each member of the selected team's patience. The focus of this trip requires a heart that will submit to God and level of humility that will put others' needs before your own. We believe each team that goes out is ultimately directed by God, sent out as representatives of Jesus Christ, and empowered by the Holy Spirit to preach the Gospel, teach the Bible, and demonstrate the presence of Jesus in this world through their conduct, character and commitment. Team members are not "perfect Christians". They are willing servants who have chosen to make following Jesus the priority in their lives.*

Are you a Christian? In your own words describe what it means to be a Christian.

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Have you been baptized?  Yes  No If you answered "yes" please indicate in which church you were baptized? \_\_\_\_\_

On the chart below indicate how often you engage in the following practices.

	Regularly	Occasionally	Seldom
I attend Sunday School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I attend Sunday Morning Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I attend Sunday Evening Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I attend Shaker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I support church ministries with a financial gift or offering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I spend personal time praying for myself and others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I set aside time to read scripture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I meet with a small group of peers for accountability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I talk with peers about sin, Jesus, forgiveness and eternal life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I serve others without being asked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I seek council from older Christians for help with problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I experience victory over my sinful habits and attitudes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List any ministry teams (nursery, worship, choir, VBS, day camp, etc) you've been part of at Calvary.

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### Section Four: References

Submit the names of three personal references, one from your school, one from your parent or workplace supervisor, and one from the church ministry you participate in most often. All references must have known you for at least two years and **must not be a family member** or a staff member of Calvary Baptist Church. Pastoral staff will be consulted about all applicants. Good references will be teachers, work or ministry supervisors, adult friends, and/or neighbours. Have at least two fill out the confidential reference forms included in this application and return them with your application.

**School Reference (Home schooled students may use the teaching parent as a reference here)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Neighbourhood or workplace Reference**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Church ministry reference (not a staff member of Calvary Baptist Church)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### Section Five: Participant Agreement

- I will attend all team training meetings before, after and during the trip.
- I will contribute financially to this trip and seek to raise awareness and financial support from others.
- I will remain with the team at all times unless accompanied by a leader.
- I will display enthusiasm for the mission and participate in all activities.
- I will refrain from the use of alcohol and other illegal drugs while preparing or participating on this team.
- I will not engage in any form of sexual misconduct while preparing or participating on this team.
- I will respect the decisions of the leaders who have the responsibility of caring for me.
- I will respect the other participants and the people we meet and serve.
- I give consent for video footage and photos of me to be used to help promote this ministry at Calvary Baptist Church including, but not limited to, posting images on the internet.
- I will ensure that any money I owe to the team is paid in full by the deadline. I understand that my trip may be cancelled if my balance remains due beyond the deadline.

*(Parents, please review the application with your son/daughter before signing your endorsement.)*

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_





### **Zambia Sample Schedule (Based on 2010 trip)**

<b>DAY</b>	<b>MORNING ACTIVITY</b>	<b>AFTERNOON ACTIVITY</b>	<b>EVENING ACTIVITY</b>
Friday	Arrival at Lusaka International Airport. Meet and greet SIM Missionaries and ECZ (Evangelical Church in Zambia) staff. Orientation.	Kaunda Square Market visit, Internet café	Debriefing/ planning/ ministry prep
Saturday	Matero - Young Disciples on the Move (youth group of approx. 20), Outreach/Hang Out – Testimonies, music, games. Devotional on Youth Leadership Principles Part 1	Orientation, planning session, prep for Sunday ministry, meet re: sports min planning	Debriefing/ planning/ ministry prep
Sunday	Fellowship at Matero ECZ, two services, teach Junior Church, experience African worship/choir/praise team, preach and lead worship.	Zambian lunch at home, afternoon with youth at International Bible Study, lead worship	
Monday	MacDonald's Farm for Street Children – help younger children with studies	Lunch with older boys and devotional/worship time	
Tuesday	Visit Vegetable Market and spend rest of day at Chilenje Transient Home for lost/abandoned children - birthday party, cake, Bible teaching, crafts		
Wednesday	Chisomo Drop In for Street Kids – devotional, play pingpong, basketball or soccer	Sports Ministry at Chamba Valley - older youth	
Thursday	Chisomo Home for Street Kids in Makenic	Sports Ministry at Chamba Valley - younger youth	
Friday	Day off - crocodile farm, internet café, rest		
Saturday	Matero Young Disciples on the Move – Sponsor Day out at the Zoo, time to play games and give testimonies. Devotional on Youth Leadership Principles Part 2		
Sunday	Participation in service at Lifeway Evangelical Church, preach/lead worship	Afternoon children's outreach to Chinese Fellowship	
Monday	Mercy Ministries – VBS at large community school, 12-13h feeding program	Look at widows project - short afternoon/ Sports Min?	
Tuesday	Mercy Ministries - VBS, 12-13h feeding program	Afternoon off - movie, rest	
Wednesday	Mercy Ministries - VBS, 12-13h feeding program	Youth Lifeskills Meeting	
Thursday	Children's ministry at Chisamba farming community (1 hour outside Lusaka)		
Friday	Visit to AIDs Hospice/Orphanage	Visit to Cultural Village to shop for souvenirs, internet cafe	Final Debriefing
Saturday	Travel to Livingstone		
Sunday	Livingstone- debrief, bungee jumping, white water rafting, safari, etc		
Monday	Livingstone- debrief, bungee jumping, white water rafting, safari, etc		
Tuesday	Departure from Livingstone International Airport		



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**WAIVER OF LIABILITY- 2012 STUDENT MISSION TEAM**

In being accepted and permitted to participate one of our 2012 Student Missions Teams and activities associated with its program and location, I assume responsibility for my actions. I release Calvary Baptist Church, Oshawa, its directors, trustees, employees, missionaries and agents from liability, loss, injury or damage to my property or myself. Nothing contained herein shall excuse Calvary Baptist Church its directors, trustees, employees, missionaries and agents from responsibility to act with reasonable care for the safety of myself or my property.

I hereby release the Calvary Baptist Church its staff, trustees, employees, missionaries and agents or sponsors of this activity from responsibility and liability for any injury for or illness that I may sustain during this activity.

In the event of an emergency, I hereby authorize an adult leader of this activity (affiliated with the Calvary Baptist Church or visiting group), as an agent for me, to consent on my behalf to medical treatment. In this regard, I consent to allow said adult to authorize medical, dental or surgical diagnosis; X-ray examination; treatment including surgery, and hospital care for me if needed, and if advised and supervised by a licensed physician, surgeon or dentist.

Name of Participant (please print) \_\_\_\_\_

Signature of Participant \_\_\_\_\_

**PERMISSION TO TRANSPORT A MINOR**

In the event that the participant is under 18 years of age, the signature of the Parent or Legal Guardian of the participant is required below.

I, \_\_\_\_\_, parent or legal guardian of \_\_\_\_\_ hereby give the leaders of the 2012 Student Mission Team - Calvary Baptist Church, permission to escort my child to Zambia and back. I release Calvary Baptist Church, Oshawa, its directors, trustees, employees, missionaries or agents from liability due to accidental bodily injury, damages to or loss of property. Nothing contained herein shall excuse Calvary Baptist Church its directors, trustees, employees, missionaries and agents from responsibility to act with reasonable care for the safety of the minor entrusted to their care.

Signature of Parent or Legal Guardian of the participant. \_\_\_\_\_

Date: \_\_\_\_\_



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**FINANCIAL COMMITMENT FOR 2012 INTERNATIONAL TEAM MEMBER**

I, \_\_\_\_\_, understand that if the funds are not raised, I will be responsible for reimbursing Calvary Baptist Church for any funds that are outstanding. A monthly update of the support levels will be provided. The balance of support (if applicable) will be required one week prior to departure.

Name of Participant (please print) \_\_\_\_\_

Signature of Participant or Parent if under 18 years of age  
 \_\_\_\_\_

Date: \_\_\_\_\_

**REGISTRATION FEE**

Please make cheques payable to Calvary Baptist Church Oshawa- 2012 Zambia Mission.  
 Mailing address: Calvary Baptist Church Oshawa 300 Rossland Rd. E. Oshawa, ON. L1G 2X1

I, \_\_\_\_\_ am providing \$250.00  
 (Donors Name)

for \_\_\_\_\_ ( Team Member's Name)

Date: \_\_\_\_\_