



# 2010 BOAT CREW MISSION APPLICATION

BC Mission Boat Society  
795 Island Highway W  
Parksville, BC V9P 1B9  
(250) 248-5300  
[www.bcmissionboat.org](http://www.bcmissionboat.org)

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (Home) \_\_\_\_\_ Business \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_ Home Church \_\_\_\_\_

Week(s) desired (dates please) \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

### I am blessed with gifts/experience in:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Teaching                                       | <input type="checkbox"/> Hospitality              | <input type="checkbox"/> Mechanics                    |
| <input type="checkbox"/> Leading Bible Study                            | <input type="checkbox"/> Serving (& other duties) | <input type="checkbox"/> Boat Experience              |
| <input type="checkbox"/> Witnessing                                     | <input type="checkbox"/> Evangelism               | <input type="checkbox"/> Musical Instrument:<br>_____ |
| <input type="checkbox"/> Counseling                                     | <input type="checkbox"/> Health Care              | <input type="checkbox"/> Other _____                  |
| <input type="checkbox"/> One on one discussion                          | <input type="checkbox"/> Qualified captain        |   |
| <input type="checkbox"/> I have a valid First Aid Certificate in: _____ |   |   |

Issued by: \_\_\_\_\_ Dated: \_\_\_\_\_

### I have done work with:

- |                                   |                                     |                                   |
|-----------------------------------|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> Youth    | <input type="checkbox"/> Adults     | <input type="checkbox"/> Families |
| <input type="checkbox"/> Children | <input type="checkbox"/> Addictions | <input type="checkbox"/> Seniors  |

Desire to see and do while on mission: \_\_\_\_\_

Questions: \_\_\_\_\_

### Suggested Donation: \$800.00 CND per week

The BC Mission boat is self-supporting, and as such we are suggesting a donation amount that will cover the costs of your stay on the mission boat. Typical costs that the mission incurs are leasing of the boat, fuel, moorage/docking fees, water and ice charges, food, Christian education materials, and other miscellaneous items. Our actual costs for one crew on board for the week are over \$1,300.00. Other donors are asked to help with subsidizing the costs to allow crew to serve with us. Any items of a personal nature (such as fishing licenses or souvenirs) are not included. All crew are responsible for transportation to Parksville, on Vancouver Island. We can assist with finding information to make your travel arrangements.

**To book:** forward this Application Form and your **deposit of \$200.00 CND** (cheque, money order or PayPal) to reserve your spot as a crew member. **The balance due May 28, 2010.** Upon confirmation of your booking, an information package will be forwarded to you. **A Criminal Record Check** will be requested 1-2 months prior to participation on the Mission Boat.

After an initial review of application, we will be in touch with you. **The deposit is non-refundable** unless we are unable to accept your application. In the event that you are required to cancel, the balance of your donation may be returned to you if we are able to fill your space. A donation receipt will only be issued for a portion of your crew costs under CCRA (Revenue Canada) guidelines.

**Scholarships** for youth or others may be available, please contact us directly. Due to the mission involving water travel and therefore added hazards, the minimum age for joining on as a crewmember is 16. There may be circumstances where youth ages 14 and 15 are accepted as crew - please contact us directly to discuss your individual situation.



## PERSONAL INFORMATION CONSENT FORM

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(250) 248-5300  
[www.bcmissionboat.org](http://www.bcmissionboat.org)

In compliance with privacy legislation, we need to obtain your consent before collecting, using or disclosing your personal information.

We require the information for purposes of planning and coordinating mission activities, to communicate with you, and for the purposes set forth in our Privacy Policy. Photographs may be used in promotion materials to assist the BC Mission Boat without identifying names of individuals in them. Our Privacy Policy is available on our website: [www.bcmissionboat.org](http://www.bcmissionboat.org) or from our Privacy Officer, Shirley Besler at 250-248-5300 or by e-mail at [info@bcmissionboat.org](mailto:info@bcmissionboat.org).

Without your signed consent, we will not disclose any personal information to anyone other than where permitted or required by law or court order; or to a public authority, to aid in an investigation, or where an imminent danger could be avoided by disclosing the information.

You have the right to access, verify and amend the personal information with us. To amend your personal information, or if you have any questions or concerns, please contact us at 250-248-5300 e-mail: [office@bcmissionboat.org](mailto:office@bcmissionboat.org). You may withdraw or vary consent by giving us notice at 795 Island Hwy W, Parksville, B.C. V9P 1B9.

I hereby consent to the collection, use, and disclosure of my personal information as described above.

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**Signature**

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**Date**



**ACKNOWLEDGEMENT,  
RELEASE AND  
INDEMNIFICATION**

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**To: BC Mission Boat Society and  
Lutheran Church-Canada, the Alberta/British Columbia District**

**Re: Servant Event – BC Mission Boat Team**

I have applied to participate as a member of the Mission Team with the BC Mission Boat Society at Parksville during the period of \_\_\_\_\_ 2010.

I acknowledge that BC Mission Boat Society and/or Lutheran Church-Canada, the Alberta/British Columbia District is assisting individuals who want to participate, including assisting in the planning, orientation, support mechanism and the like along with the sponsoring congregation/agency.

I am satisfied with the information I have received with respect to the conditions under which I would work and live while participating as a member of the BC Mission Boat Servant Team. I am satisfied that my personal health enables me to fully participate in this project.

I agree to accept sole responsibility for all events and outcomes which may result from my participation in this program and, in consideration of the assistance provided by BC Mission Boat Society and/or Lutheran Church-Canada, the Alberta/British Columbia District, and indemnify its servants, agents and employees from any claims, demands, damages, actions, losses or other proceedings arising out of or in consequence of any loss, injury, or damage to my person or property which may arise as a result of my travel to, from or within Canada, and from all activities which may occur, notwithstanding any such loss, injury or damage which may have arisen by reason of the negligence of the BC Mission Boat Society and/or Lutheran Church-Canada, Alberta/British Columbia District, or their respective servants, agents, or employees.

I FURTHER AGREE TO IDEMNIFY BC Mission Boat Society and Lutheran Church-Canada, the Alberta/British Columbia District, its servants, agents, or employees from any damages which may result or claims or demands which may be made against BC Mission Boat Society and Lutheran Church-Canada, the Alberta/British Columbia District, its servants, agents or employees arising out of or in consequence of my actions while participating as a volunteer member of the BC Mission Boat Servant Team.

I undertake that I am eighteen (18) years of age or older.\*

**In witness whereof I have hereunto set my hand on this \_\_\_\_\_ day of \_\_\_\_\_, 2010.**

\_\_\_\_\_  
Crew Member Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\* If volunteer is under 18 years of age, this form should be signed on their behalf by their parent of guardian.



## MEDICAL INFORMATION

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Every team member needs to read and complete all medical pages. These will be provided to your team leader and taken to your site so they are immediately available in case of emergency.

Servant Event Site Location \_\_\_\_\_ Dates \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Doctor \_\_\_\_\_ Doctor's Telephone Number \_\_\_\_\_

Provincial Health Card Number \_\_\_\_\_ (You must bring your card with you.)

Other Health Coverage/Supplemental Provider \_\_\_\_\_ Number \_\_\_\_\_

OR

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_ Your ID Number \_\_\_\_\_

Do you have any known allergies or medical conditions, including diabetes, heart conditions, or conditions of the central nervous system, including epilepsy, or any other condition that may require medical attention? If so, please list them below:

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

Year of last tetanus shot \_\_\_\_\_

Medications being taken \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

In case of emergency, please contact:

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone (Home) \_\_\_\_\_ Business \_\_\_\_\_ Cell \_\_\_\_\_

## AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT

I consent to any necessary medical treatment under the supervision and on the advice of any physician licensed to practice in Alberta or British Columbia when the need for such treatment is immediate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## EMERGENCY MEDICAL PROCEDURES \*

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**If you have a medical condition** that may require treatment, we can be as much as three hours away from medical facilities. If you have a condition that you may need medical assistance for, it may not be suitable for you to join on as crew. If you have questions in this regard, please contact us directly to discuss.

**Remember, in some cases you will be in remote areas** and it may difficult for people with emergency messages to get in touch with you. We suggest that you have someone back home receive all messages for your team. While you are on site at your servant event, one member of the team should call this person daily or every other day to receive all the messages for all the team members.

**Medical Emergencies with Students:** It needs to be handled the way the child's parents or guardians dictate. If the parents or guardians cannot be contacted, then be sure the medical attention is first rate. All minors participating as mission volunteers are required to have their parent or guardian complete the section "AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT FOR MINOR CHILD".

**Medical Emergencies with a Team Member:** First-rate medical attention should be given even in the event of any emergency. All team members must be covered by their own provincial health insurance.

**Documentation:** All medical emergencies need to be documented. Describe the incident including the names, address, & phone numbers of child & parents, site of servant event, date, what was done to handle the emergency. Your team leader should maintain these records and provide them to the sponsoring church in the event they are needed in the future.

**I acknowledge this information and initial here that I have read and understand it.**

**Please Initial** \_\_\_\_\_

*\*(special thanks to the Alaskan Mission Committee for allowing us to use their format for this document)*

### AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT FOR A MINOR CHILD

*To be completed for all those under the age of 18*

**We consent to any necessary medical treatment under the supervision and on the advice of any physician licensed to practice in Alberta or British Columbia when the need for such treatment is immediate and when efforts to contact me (us) are unsuccessful.**

\_\_\_\_\_  
Parent or Legal Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian's Name (Printed)

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Parent or Guardian's Address

\_\_\_\_\_  
Phone (Home) Business Cell