



LAND TEAM
APPLICATION - INDIVIDUAL

BC Mission Boat Society
795 West Island Highway
Parksville, BC V9P 1B9
(250) 248-5300
www.bcmissionboat.org

Church/Organization/Team Name _____

Name _____ Community Visiting _____

Address _____

Home Phone _____ Cell Phone _____ T-Shirt Size _____

Email _____ Home Church _____

I am blessed with gifts/experience in:

- Teaching, Leading Bible Study, Witnessing, Counseling, One on one discussion, Hospitality, Serving (& other duties), Evangelism, Health Care, Qualified captain, Mechanics, Boat Experience, Musical Instrument, Other, I have a valid First Aid Certificate in:

Issued by: _____ Dated: _____

I have done work with:

- Youth, Children, Adults, Addictions, Families, Seniors

Desire to see and do while on mission: _____

Questions: _____

Criminal Record Check (CRC): Because we work with children, all of our mission-field volunteers over the age of 18 are required to provide us with a recent criminal record check. The check must be no more than twelve months old at the time of your volunteer work. Individuals can apply for a CRC at your local police or RCMP detachment. Typically, there is no charge for a CRC if it is for a volunteer position. If you require additional documentation to receive the fee waiver, please contact our office, and we will be happy to send you a letter.

Sections Completed

- Application Form, Personal Information Consent Form, Acknowledgement, Release & Indemnification, Medical Information, Emergency Contact Information, Authorization to consent to medical treatment, Emergency Medical Procedures, Authorization to consent to medical treatment for a minor child (if applicable)



**PERSONAL INFORMATION
CONSENT FORM**

BC Mission Boat Society
795 West Island Highway
Parksville, BC V9P 1B9
(250) 248-5300
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, by contacting us at 250-248-5300 or by e-mail at 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 have any questions or concerns, please contact our office. You may withdraw or vary consent by giving us notice at 795 W. Island Hwy, Parksville, B.C. V9P 1B9.

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

Signature

Date



**ACKNOWLEDGEMENT,
RELEASE AND
INDEMNIFICATION**

BC Mission Boat Society
795 West Island Highway
Parksville, BC V9P 1B9
(250) 248-5300
www.bcmissionboat.org

**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 _____ (date).

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 _____, 2012.

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

BC Mission Boat Society
795 West Island Highway
Parksville, BC V9P 1B9
(250) 248-5300
www.bcmissionboat.org

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



BC Mission Boat Society
795 West Island Highway
Parksville, BC V9P 1B9
(250) 248-5300
www.bcmissionboat.org

EMERGENCY MEDICAL PROCEDURES *

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