

SMAC Missions Department

Application for Short Term Missions

Short Term Missions Trip:

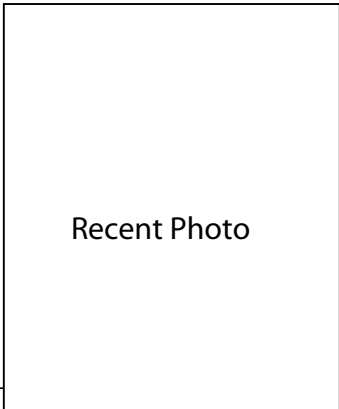
Organized by: _____

Destination: _____

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

Estimated Costs(C\$): Transportation _____ Others _____

TOTAL _____



Subsidy needed: Yes No Subsidy Amount Applied for: C\$ _____

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

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: _____ SMAC 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:

Trip #	Date (mmm/yyyy)	Organized by	Destination
1.			
2.			
3.			
4.			
5.			

(If insufficient space above, please include information on an attached paper)

Purpose of participating:

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 ACEM subsidy.)
2. I have read and agreed to abide the rules and regulations as stated in the SMAC mission guidelines and policy.

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 your church for recommendation.



FOR SMAC OFFICE USE ONLY:

Application Package received on: _____ By: _____

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

Reviewed & Completed by:

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

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	C head n	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 Missions Trip

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

Destination: _____

Name of Applicant: _____

I, _____, and my family will absolve **The Scarborough Mandarin Alliance Church (SMAC)**, and any respective directors, officers and employees from any liability that may arise as a result of my / my child's participation in the above-mentioned Short-term Missions Trip. As well, I agree to indemnify the directors, officers and employees of SMAC from any and all actions that may be brought as a result of my/my child's participation in the activities of this Short-term Mission Trip.

AND, I acknowledge and am fully aware of the risk involved in the participation of the above - mentioned trip, and that notwithstanding same I am voluntarily proceeding with the undertaking and I am assuming all the risk of injury, damage or loss to me / my child and to the others in connection therewith.

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

Date: _____

Name: _____
(please print)

Short-Term Missions Recommendation Form

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/Pastor providing recommendation Date: _____

Signature of Pastor/Leading 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 SMAC Missions Department.