

Discovery Trip Program Participant Application Form

Thank you for applying to the Partners International Discovery Trip Program. This program seeks to expose Canadians to the joys and challenges of the ministry being accomplished by Partners International, in partnership with our local partners in different parts of the world. This exposure is to educate Canadians about ministry overseas, to provide an accountability and feedback mechanism to Partners International about our ministries, to provide encouragement to the staff and leadership of our partner agencies and to allow Canadians to participate in our ministry. Please fill in this application as clearly as possible.

Discovery Trip Dates: _____ Trip Leader Name: _____

Country(s): _____

PASSPORT DETAILS:

Name: _____
(EXACTLY as it appears in your Passport)

Passport Expiry Date: _____ Passport No.: _____

I have attached a copy of the 'photo section' of my passport: (check)

Mailing Address: _____

City: _____ Prov.: _____ Postal Code: _____

Home Phone: _____ Mobile Phone: _____

Work Phone: _____ Email: _____

TRAVEL EMERGENCY INSURANCE

Travel Emergency Health Insurance (travel emergency insurance is **mandatory** and will be provided prior to departure by Partners International Canada, refer to appendix 1)

Partners International's Mission statement:

"Partners International brings Canadians into partnership with indigenous Christian ministries to advance the Kingdom of God. Through our partners we share and demonstrate God's love in the world's difficult places, often in a context of poverty. We feed children, help women start small businesses, provide clean water and establish churches that will care for entire villages."

Do you agree with aims of Partners International Canada? **Yes** **No**

Partners International operates Discovery Trips with the following aims: to educate Canadians about ministry abroad; to secure written reports from participants about the local partners they have visited; to provide encouragement to Canadians, and to the staff of our local partners about the work being accomplished. Do you agree with these aims? **Yes** **No**

Comments:

All Discovery Trip participants must agree to complete and submit a Discovery Trip Report on their return. This Report will be retained by Partners International to assist us in the ongoing monitoring and evaluation of our local partnerships abroad. Do you agree to complete and submit the Discovery Trip Report? **Yes** **No**

Please briefly describe past and current church involvement (member, volunteer, pastor, etc.):

What do you hope to learn on this Partners International Discovery Trip?

Will you act in a manner worthy of a Christian 'ambassador' when interacting with our local partners? (This includes showing respect for local customs and traditions, endeavoring to understand local contexts and ways of operating that may be different from your own, and acting in a non-judgmental way toward different forms of Christian faith expression): **Yes** **No**

Do you agree to pay for all required inoculations, insurance, visas and other mandatory items required by Partners International?
 Yes **No**

Emergency Contact #1:

Phone number: (H) _____ (W) _____ (Cell) _____

Address: _____ City: _____ Prov: _____

Postal code: _____ E-mail: _____

Emergency Contact #2:

Phone number: (H) _____ (W) _____ (Cell) _____

Address: _____ City: _____ Prov: _____

Postal code: _____ E-mail: _____

Other Required Information:

Health Card #: _____ Blood Type: _____

Medical conditions that restrict activity: _____

Recent significant medical problems (last 3 years): _____

Medications being taken (incl. doses and purpose of medication): _____

I have consulted with a travel doctor regarding this Discover Trip: _____ (initials)

Do you have any other comments or questions?

Trip Expenses

Partners International makes every effort to maintain the costs of travel at the lowest reasonable prices. Each participant is required to donate or arrange for others to donate an amount at least equal to the cost of participation in the Trip. Donors will receive an official donation receipt. We require donations to cover the estimated costs as outlined in the Trip budget 7 days prior to travel. Costs for flights, accommodations and other items are subject to change and determining the final cost of the trip will be done within 30 days upon completion. The outstanding balance for costs associated with this trip will be communicated to you at this time and a final donation or donations can then be made to cover outstanding costs.

Churches and organizations are responsible to arrange the international travel for their group.

Trip Cancellation Policy

Donations in support of Discovery Trips are gifts to Partners International and are therefore 100% nonrefundable. In the event that you have to cancel your trip due to unforeseen circumstances or if Partners International determines that you are not a suitable participant in the Discovery Trip, please be advised that Partners International is unable to refund any donations related to your trip. The funds you have donated will be designated to the ministry associated with this Discovery Trip.

If Partners International cancels a Discovery Trip in its entirety, no gifts in support of participation in the trip can be refunded. However a participant in a cancelled trip may apply amounts named for Partners International on that trip, may request that Partners International apply the funds raised for the cancelled trip be used in another trip in the next 2 years.

Application & Administration Gift Policy

An estimated budget for this Discovery Trip has been outlined by Partners International. An initial non-refundable gift of \$150 to Partners International is required in order for us to process your application and complete all travel requirements. This initial gift is designed to cover our costs and is in addition to the costs to travel. Deadlines for applications and donations are outlined in the brochure.

- I am enclosing the non-refundable Application & Administration gift of \$150.00 in the form of a cheque (payable to Partners International)
- Charge the non-refundable Application & Administrative gift of \$150.00 to my:
- Visa MasterCard American Express

Number: _____

Expiry Date: ____/____ Name (EXACTY as it appears on the card): _____

Signature: _____

I will give or raise the donations required to pay all costs associated with this trip and acknowledge that the costs outlined in the brochure are an estimate only. If there are unforeseeable changes to costs prior to or during the trip, I agree to do my utmost to secure donations that will pay the balance in full after the completion of the trip _____ (initials)

Signature: _____ Date: _____

Please note that your application form will not be processed without your passport information and an initial donation of \$150.00. Please ensure that you have attached a photocopy of the photo section of your passport and a cheque (if applicable) when submitting this form.

RELEASE FROM LIABILITY

1. I, _____ (name of releasor), acknowledge that I have applied as a volunteer to Partners International Canada (the "Sponsor") to participate in an Discovery Trip organized by the Sponsor to _____ between _____ and _____ for the purposes of visiting one or more of the Sponsor's programs in a foreign country or countries, learning how the Sponsor's programs operate and assisting the evaluation of these programs.
2. I am aware that participating in a Discovery Trip involves certain hazards, including but not necessarily limited to the hazards inherent in travel in lesser developed countries of the world. I am voluntarily participating in these activities with knowledge of the potential danger involved. I hereby agree to accept any and all risks of illness, injury, kidnapping, death, or loss or destruction of property arising directly or indirectly from the Discovery Trip. As an example, the Sponsor cannot and will not pay kidnapper ransoms.
3. I further acknowledge that in arranging accommodations for this Discovery Trip, including but not limited to air and surface transportation, hotels, restaurants and the like, the Sponsor and any travel agency engaged by the Sponsor are acting as the agent of the undersigned for such purpose and shall not be responsible for nor have any liability as a result of any loss, injury or damage which may be caused as a result of such accommodation.
4. In the event of any illness or injury sustained, suffered or otherwise affecting me as a result of any activity related to this Discovery Trip, the Sponsor, its employees and agents are authorized to obtain any necessary medical assistance or treatment, or to carry out any First Aid treatment which in its absolute discretion it considers necessary and to engage any medical assistance or treatment, which in its absolute discretion it considers necessary and to engage any medical practitioner, ambulance or medical officer, or nursing assistant to administer blood transfusion or anaesthetic or First Aid treatment or hospital accommodation and in this event I agree to pay all fees and expenses thereby incurred on demand and to indemnify the Sponsor in respect of such fees and expenses.
5. I hereby agree that I, my assignees, heirs, distributees, guardians, and legal representatives will not make any claim against, sue, or attach the property of the Sponsor or any of its affiliated organizations or any of their respective officers, agents, directors, employees or representatives (the "Releasees") for any loss, injury or damage of any kind resulting from any participation in the Discovery Trip described above which is or is alleged to be the result of the negligence or other acts or omissions, howsoever caused, of the Releasees, or any of them. I hereby release all of the Releasees from all actions, claims or demands that I, my assignees, heirs, distributees, guardians, and legal representatives now have or may hereafter have for injury or damage resulting from my participation in this Discovery Trip.
6. I am aware of and accept the fact that if I (or my child/children if applicable) cause damage, injury, or loss to persons, organizations, property or otherwise, directly or indirectly related to the above described Discovery Trip, I will be solely responsible for such damage, injury or loss and will not pursue the Sponsor for any contribution or indemnity in that regard
7. I HAVE CAREFULLY READ THIS DOCUMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND IS BINDING BETWEEN ME AND THE SPONSOR AND I SIGN IT OF MY OWN FREE WILL.

THIS RELEASE OF LIABILITY IS ALSO BINDING ON MY HEIRS, EXECUTORS, GUARDIANS, REPRESENTATIVES, ASSIGNS AS THE CASE MAY BE. IT ENSURES TO THE BENEFIT OF PARTNERS INTERNATIONAL AND ITS VOLUNTEERS, EMPLOYEES, AGENTS, REPRESENTATIVES, OFFICERS, DIRECTORS, ASSIGNS, SUCCESSORS, PARTNERS AND AFFILIATED ENTITIES.

Please Print

Executed at (City) _____, on (Date) _____

Name: _____ Signature: _____

Parent/Guardian if under 18: _____ Signature: _____