



Participant Profile – SP Mission Teams

Participant Information

T-shirt Size (100% cotton): ___ S ___ M ___ L ___ XL Date of Trip _____

Team /Group Name _____ Destination _____

Name (as shown on passport)

Surname _____ Full Given Name _____ Middle Initial _____

Address _____

City _____ Province _____ Postal Code _____

Phone (Home) _____ (Work) _____ (Cell) _____

E-mail _____ Fax # _____

Courier address (if different than above)

Street address (no P.O. Box #) _____

City _____ Province _____ Postal Code _____

Travel Documents

Date of Birth (D/M/Y) ____/____/____. Gender: F M

Do you have a passport? YES NO

*Not a requirement for application but will need to be obtained prior to trip.

If yes, Passport # _____ Expiry _____ Country of Issue _____

(Date of expiry must be a minimum of 6 months after your scheduled return date)

Do you have a criminal record? YES NO

*For Immigration purposes only

Educational Information

List any degrees, diplomas, certificates or special training that you have attained (i.e. first aid)

Occupation _____

Skills

Do you have training/skills in the following areas:

- | | | | |
|-------------------------------|-----------------------|-------------------------------|-----------------------|
| Framing Construction | <input type="radio"/> | Drama | <input type="radio"/> |
| Brick and Mortar Construction | <input type="radio"/> | Arts/Crafts | <input type="radio"/> |
| Trusses/Roofing | <input type="radio"/> | Preaching/Speaking to a group | <input type="radio"/> |
| Electrical | <input type="radio"/> | Music | <input type="radio"/> |
| Plumbing | <input type="radio"/> | Children's Ministry | <input type="radio"/> |
| Mechanics | <input type="radio"/> | Sports | <input type="radio"/> |
| Chain Saw | <input type="radio"/> | Other: _____ | |
| Small Equipment Operator | <input type="radio"/> | | |

Information Regarding Your Christian Faith

Do you consider yourself a Christian? YES NO

Please share about your spiritual journey _____

Do you attend a church? If so where?

Trip Information

How did you hear about SP Teams?

Past Participant
Internet
Conference
Advertisement (Print)

Advertisement (Radio)
Other
Please Specify: _____

Have you traveled overseas before? YES NO

If YES, please share about your experiences.

I certify that the above information is true and accurate. Information provided in this application form will be kept confidential by Samaritan's Purse – Canada for application purposes. This information may also be used to inform you of programs, projects and other opportunities to be involved in and support the work of Samaritan's Purse – Canada. If you do not want your information to be used for these purposes please contact us at 1-800-663-6500 or email canada@samaritan.org.

Applicant's Signature

Date

Please complete this form and return it to your group leader or if you are traveling independently, send it to:
Samaritan's Purse – Canada
Attn: SP Missions Teams
20 Hopewell Way NE
Calgary, AB T3J 5H5