

Dear Alumni,

Greetings from International Messengers Canada! We're pleased that you're interested in again being part of a ministry with us overseas. What a privilege to represent our Lord in another culture!



A FEW THINGS TO REMEMBER FOR YOUR APPLICATION:

- ◆ Please provide your full legal name *as listed on your passport*, along with the passport number AND expiration date. If you do not have this information yet, please send your application without it. Don't hold onto it. You can send us this information later after you receive it.
- ◆ Include an updated photo of yourself. Either send the photo with your application or e-mail it to us at office@im-canada.ca
- ◆ Fill out your Shirt Order Form completely, including the color and size of the shirt you'd like to order. If you already have a shirt and would not like another, please indicate that on the form.
- ◆ Please answer all the "Personal Experience" questions, and if there is not enough room, please complete on a separate sheet of paper.
- ◆ Provide your health insurance information as well as your allergy and medication information.
- ◆ If you are applying with your child(ren) who is/are under the age of majority in your Province/Territory, complete and ensure that a notarized copy of the Travel Consent Form is sent in with their application. Place the original with your or their passport.

CRIMINAL RECORD CHECK

If you have not had a criminal record check in five years, we will ask you to complete an updated criminal record check. We will provide directions for you after reviewing your application.

International Messengers Canada Society
PO Box 11022 1945 McCallum Rd, Abbotsford, BC V2S 0E4
604-855-4433 www.im-canada.ca
Fax: 604-855-4453



ALUMNI ADULT UPDATE

Attach updated
PHOTO

Here

Paper clip a photo
OR

Email a photo to
office@im-canada.ca

and

check this box

MINISTRY _____

DATES _____

LOCATION _____

I have served on _____ (# of) IMCS trips in the past.

FULL LEGAL NAME (exactly as on passport) _____

PASSPORT # _____ PASSPORT EXPIRATION DATE _____

DATE OF BIRTH _____ AGE _____ MALE FEMALE

CITIZENSHIP _____ EMAIL _____

PRESENT ADDRESS: Dates at this address if temporary:

Street _____ City _____ Prov _____ Postal Code _____

PERMANENT ADDRESS (if different from above)

Street _____ City _____ Prov _____ Postal Code _____

PHONE: Home _____ Cell _____ MARITAL STATUS _____

Do you have children who will be accompanying you on this trip? If so, please list their name, age, and gender.

COMMENTS:



Health Insurance/Emergency Contact Information

NAME _____ DATE _____

HEALTH INSURANCE NAME AND PROVINCE: _____

HEALTH INSURANCE NUMBER: _____

[] **NOT** CURRENTLY HAVE HEALTH INSURANCE.

I have had all the recommended childhood vaccinations Yes [] No []

None [] _____
Allergies or medical conditions.

None [] _____
Medications being taken or have been taken in the past month.

None [] _____
Food restrictions.

Comments:

IN CASE OF EMERGENCY, NOTIFY:

Name: _____	Name: _____
Address: _____	Address: _____
City: _____	City: _____
Province, Postal Code: _____	Province, Postal Code: _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
Work Phone: _____	Work Phone: _____
Relationship: _____	Relationship: _____

(The information on this form will be shared with IMCS Staff and Team Leaders)

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• Abbotsford, BC • V2S 0E4 • 604-855-4433 • www.im-canada.ca



Camp Code: Office Use

Liability Release

1. In consideration for being accepted and allowed to participate in this conference/project and activities associated with its program and location, I personally assume responsibility for my actions, and release International Messengers Canada Society (hereafter IMCS), its Trustees, employees and agents from loss, injury or damage to myself or my property; provided that nothing contained herein shall excuse IMCS, its Trustees, employees or agents from responsibility to act with reasonable care for the safety of myself or my property.
2. I give permission to IMCS to share my application information with IMCS staff and team leaders.
3. I give permission to IMCS to be photographed, recorded, and/or videotaped and to allow this material to be used for publicity.
4. I give permission to IMCS to obtain medical assistance in the event of an emergency. This permission will include the administration of medicines, surgical treatment, X-ray examination or hospitalization as might be ordered by a licensed medical doctor. I release and discharge IMCS, its Trustees, employees, and agents from any liability for any first aid rendered or treatment performed pursuant to this consent.
5. I understand that participation in this conference/project may involve the risk of hostage taking or extortion. I release and discharge IMCS, its Trustees, employees, and agents from any and all liability should I be taken hostage. I further release and discharge IMCS, its Trustees, employees and agents from any and all liability for failure or refusal to comply with any demand or demands, including the payment of ransom or other extortion, issued through the use of hostage taking or extortion.
6. If I am under the age of majority in my Province/Territory (if you are, please check here), I state that I am a mature minor (of college age and living away from parent/guardian) and have the capacity to consent to the terms of this release.

*For persons under the age of majority in their Province/Territory, and not living away from parent/guardian:

I, the undersigned parent or legal guardian of the above person, consent to the below named person's participation in this activity and agree to the terms of this release.

Signature of Parent or Guardian

Print Name of Parent or Guardian

Date

7. Should any dispute or controversy arise, I agree to seek resolution according to the Rules of Procedure of the Institute for Christian Conciliation. I certify that I am competent to sign this Release, and have done so voluntarily.

Signature of participant

Print name of participant

Date

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Spouse's Affirmation

I have prayerfully considered participating on an evangelistic team with International Messengers Canada Society and have sensed God's call for me to apply. I have discussed my participation plans with my spouse, realizing that his/her affirmation is an essential condition as to whether or not God is actually calling me to go.

Team Member's Signature: _____

Date: _____

I have joined my spouse in prayer that we together would know God's will for him/her to join an evangelistic team with International Messengers Canada Society. As part of the application process, I affirm God's call and am fully supportive of my spouse's application to be a team member.

Spouse's Signature: _____

Date: _____

* This form is not necessary for couples applying together.

TRAVEL PREFERENCE FORM



If you are arranging your own travel please fill out **Part 1** of this form *completely*. We recommend our travel agency, Key Travel, for your travel arrangements (Attn: Brenda Mortagua; bmortagua@keytravel.ca) and offer assistance upon request.

If you want International Messengers Canada to arrange all or part of your travel please complete both **Parts 1 and 2** *completely*.

NOTE: \$1000 per person is requested in the IMCS office prior to purchasing your airline ticket.

PART 1

Check box if:

- I will be arranging and purchasing tickets on my own. **Before purchasing tickets**, please contact IM (office@im-canada.ca) with your travel plans.
- I may want to travel before or after the camp on my own. **(Please comment below, include dates and cities. Please be specific.)**
- I request IM to purchase additional emergency medical insurance for my personal travel. (see note below for more information.)

Emergency Medical Insurance: International Messengers secures **emergency medical insurance** for your *IMCS trip dates*. The cost is included in your ministry cost and the paperwork for this insurance will be taken care of by office staff. The insurance we purchase covers a \$25,000 maximum of emergency costs for those aged 0-79 and \$10,000 for those aged 80 and above. If you already have insurance coverage for outside of the US, the IMCS coverage will be secondary. We *do not* secure insurance for any additional personal travel you may do, either ahead of or after your IMCS trip dates. If you are interested in obtaining an insurance quote for your personal travel, please contact the IM Canada Office.

TRAVEL REGISTRATION (Important): If you are traveling to Egypt, Jordan, Syria Lebanon or Uganda, IMCS requests that you register your trip online with the Canadian Government (www.travel.gc.ca/register). This service is provided so that they can contact and assist you in an emergency in a foreign country, such as a natural disaster or civil unrest, or inform you of a family emergency at home.

PART 2

Preferred departure airport(s): _____

Ground travel time to airport(s): _____

Frequent flyer #: _____ Airline: _____

Airline food restrictions (*ie: gluten or dairy free, vegan, etc*): _____

Additional comments (specify dates and cities for additional travel): _____

Questions? Please contact us at 604-855-4433 or office@im-canada.ca

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Shirt Order Form

Every International Messengers Canada Team Member will receive a free T-shirt. **Please indicate below the SIZE and COLOR you would like for your free T-shirt.**



ITEM	SIZES	YOUTH SIZES	COLORS
T-Shirt	S M L XL 2XL 3XL 4XL	XS S M L	Blue – Red - Grey

ITEM	COLOR	SIZE
One Free T-shirt		

Additional Order Chart

*If you would like to order additional items, please fill out the form below. **Items will be ordered if payment is received with order form, so please also include a cheque payable to International Messengers Canada Society for the proper amount. (Or pay by E-transfer)***

ITEM	PRICE	SIZES	YOUTH SIZES	COLOURS
T-Shirt	17.00	S – 4XL	XS - L	Blue – Red - Grey
Long Sleeve T-Shirt	19.00	S – 3XL	XS – L	Blue – Red – Grey
Sweatshirt	29.00	S – 3XL	XS - L	Black – Ash – Grey – White – Dark Green – Maroon – Red – Purple - Navy
Polo T-Shirt w/ embroidered logo	31.00	S – 2XL	N/A	Black – Ash – Grey – White – Dark Green – Maroon – Red – Navy
Button Up T-Shirt w/ embroidered logo	36.00	S – 3XL	N/A	Denim – Twill (Black – Brown – Dark Green – Khaki – Navy)
Dress Shirt w/ embroidered logo	42.00	S – 3XL	N/A	Denim – Twill (Black – Brown – Dark Green – Khaki – Navy)
Full Zip Fleece Vest w/ embroidered logo	54.00	S – 2XL	N/A	Black, Charcoal, Navy, Dark Green, Red

ITEM	COLOR	SIZE	AMT	PRICE
			Total	C\$

NAME: _____