

## DISCOVERY TEAM APPLICATION\*\*

### GUIDELINES FOR COMPLETING THIS DISCOVERY TEAM APPLICATION

The following information is given to assist you in completing your application. Please contact the office or team leader if you have any questions. ***Please read these instructions carefully*** and then fill in all sections of the application form clearly and either email them to [asher@tearfund.ca](mailto:asher@tearfund.ca) or mail it to the Tearfund office (PO Box 3220 Stn Industrial Park, Markham, ON L3R 9Z9).

**\*\*Please note that applications received without an application fee or a passport number valid up until 6 months after the return date of your Discovery Team experience cannot be processed.**

#### Section 1 - Personal Information

##### Name

- Please ensure the name you supply on this application form is the **same name and spelling that appears or will appear on your passport.**
- If you have a preferred name, which is different than the name on your passport, please make note of this on the application in the space provided.

##### Passport Number

- If you do not currently have a passport, you may leave this space blank and inform us of the number as soon as you receive it.
- A passport is mandatory for participation in a Discovery Team experience.
- To obtain a passport, visit <https://www.canada.ca/en/immigration-refugees-citizenship/services/canadian-passports.html> for more information or visit your local passport office.
- Please apply for your passport as soon as you know you are participating in this Discovery Team, in case of a delay in obtaining your passport. If you do not get a passport because of your application was not submitted on time, no funds will be refunded.

**NOTE: When visas are required, Tearfund will need all participants' passports at the office at least ONE MONTH before departure in order to process visas. Send your passport and requested identification documents by registered mail to the Tearfund Canada head office.**

##### Email

We communicate regularly to our participants via email. Please provide us with a valid email address to ensure you receive important information updates.

##### Emergency Contact Information

- Please provide us with the full name of the person you would like us to contact in case of emergency during your participation in a Discovery Team experience.
- Please make sure the numbers are correct and that the person can be contacted at any time at the numbers provided.

#### Section 2 - Medical Information

##### Provincial Health Card Number

- Please include your provincial health card number on your application form. (Please include the version code and the expiry date if applicable)
- All provincial health cards can be used in any Canadian medical facility or hospital should you need medical care during the portion of your Discovery Team experience that occurs in Canada.

**Medical Conditions**

- Some Discovery Team experiences are rigorous. Please indicate all medical conditions by checking the boxes provided. A participant has to be comfortable walking uphill in 30-degree heat for distances of 3 kilometers or more.
- Any conditions marked with an asterisk require a doctor's written permission to participate in a Discovery Team experience and must accompany your application.

**Medications**

- Please list all medications that require a prescription from a doctor. Check to make sure the spelling and dosage is correct.
- If you would like a leader to be responsible for giving you your medication, please check the box where indicated.

**Immunizations**

- Please check off all vaccinations you have received. If you have not had the Varicella vaccine, but you have had chicken pox, you may check off that box.
- (Your team leader may arrange that you receive your immunizations together as a group. If so, your team leader or team administrator will inform you of the date for receiving immunizations as a team.)
- For more information on immunizations, please visit the Public Health Agency of Canada at [www.phac-aspc.gc.ca](http://www.phac-aspc.gc.ca).
- We will send you a list of immunizations that we suggest before your trip. Some countries such as Cameroon require Yellow Fever immunization to enter the country.
- We suggest that all participants take Dukoral for stomach issues two weeks before travel.

**Section 3 - Consents**

Please read the Participant Agreement and Child Protection form. Print your name, sign and date it.

**Section 4- Your Story**

A Discovery Team experience is one of God's tools to develop personal and spiritual transformation. These questions are designed to help you reflect on your thoughts about God and your spiritual and personal journey.

On a separate piece of paper, please answer the list of questions provided.

**Section 5** - Complete the Activity, Interest and Skills checklist.

**Section 6 – Personal References**

You are required to provide two personal references from people who have known you a minimum of two years, excluding family. One is to be a teacher, employer or supervisor in a work/volunteer situation. The second one is to be completed by a pastor, elder, small group leader or spiritual mentor.



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### Section 1 - General Information

Submit your completed application to Tearfund with your \$250 deposit.  
Please fill in appropriate areas. If there is a box to be filled in replace it with an "X"

**Trip Dates Applying for (Circle/Highlight One):** Ethiopia March 5-19, 2020 | Ethiopia July 16-28, 2020

Name:	
Preferred name (if different from above):	
Address:	
City:	
Province:	
Postal Code:	
<input type="checkbox"/> Male <input type="checkbox"/> Female    Age:	Date of Birth (DD/MM/YYYY):
E-mail:	
Home Phone:	
Cell Phone:	
Work:	
Occupation:	
Workplace:	

Emergency Contact:	
Relationship to you:	
Phone Home:	
Cell Phone:	
Email:	

Passport Number:	
Nationality:	
Date of Issue (DD/MM/YY):	
Date of Expiry (DD/MM/YY):	
Issuing Authority:	
<input type="checkbox"/> I do not have a passport, but I have attached a photocopy of my passport application. It was submitted on (DD/MM/YY): _/_/____	

### Personal Experience

Travel: Canada Only <input type="checkbox"/> North America Only <input type="checkbox"/> Internationally <input type="checkbox"/>
Countries you have traveled to:
Languages: English <input type="checkbox"/> Spanish <input type="checkbox"/> French <input type="checkbox"/> Other <input type="checkbox"/> list:
Musical Instruments Played:

### International Experience: (business or missions)

	Trip	Trip
Location:		
Length of Stay:		
Role you fulfilled:		
Sponsoring Organization:		



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Date of Trip:		
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	Trip	Trip
Location:		
Length of Stay:		
Role you fulfilled:		
Sponsoring Organization:		
Date of Trip:		

	Trip	Trip
Location:		
Length of Stay:		
Role you fulfilled:		
Sponsoring Organization:		
Date of Trip:		

## Section 2 – Medical Details

Provincial Health Card #: \_\_\_\_\_ (Include version code if applicable)

Expiry:(D/M/Y): \_\_\_\_/\_\_\_\_/\_\_\_\_

### Medical Conditions

*Please check all that apply. Those marked with an asterisk may need to be accompanied by a doctor's note with permission to participate in a Discovery Team experience.*

<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Arthritis	<input type="checkbox"/> Hypothyroidism	<input type="checkbox"/> Kidney Disease	<input type="checkbox"/> Hepatitis
<input type="checkbox"/> Headaches / Migraines	<input type="checkbox"/> Asthma	<input type="checkbox"/> Hemophilia*	<input type="checkbox"/> Heart Disease*	<input type="checkbox"/> IBS/Crohns
<input type="checkbox"/> Depression / Anxiety*	<input type="checkbox"/> Motion Sickness	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Back Injury	<input type="checkbox"/> Hypotension*
<input type="checkbox"/> Hypertension	<input type="checkbox"/> Pregnancy*	<input type="checkbox"/> Epilepsy*	<input type="checkbox"/> Hypoglycemia	<input type="checkbox"/> Tuberculosis*
<input type="checkbox"/> Other:				
Please explain any limitations, restrictions or required treatment of the above conditions:				
Allergies: <i>*If you have a life-threatening allergy, it is recommended you carry an Epi-Pen and wear a Medic-Alert bracelet.</i>				
Allergy Symptoms Treatment:				
Have you ever struggled with anorexia nervosa or bulimia nervosa?				
If yes, how have you managed this condition?				
Blood type: _____ (This may require a special blood test done by your family doctor or clinic. We ask for this as we travel to high HIV zones in case of accidents.)				



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**Medications**

Are you currently taking any prescription medications? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please list including dosage: <i>Make sure you bring all necessary medications for the duration of the trip and have them stored in original containers.</i>	

Acquired Immunizations: *Please check all immunizations you have acquired previously*

<input type="checkbox"/> TD (Tetanus/Diphtheria) <b>Date:</b>	<input type="checkbox"/> MMR (Measles/Mumps/Rubella) <b>Date:</b>	<input type="checkbox"/> Poliomyelitis <b>Date:</b>
<input type="checkbox"/> Varicella (or history of Chicken Pox) <b>Date:</b>	<input type="checkbox"/> Hepatitis A <b>Date:</b>	<input type="checkbox"/> Hepatitis B <b>Date:</b>
<input type="checkbox"/> Typhoid <b>Date:</b>	<input type="checkbox"/> Yellow Fever <b>Date:</b>	<input type="checkbox"/>

**Only sign if you DO NOT take immunizations:** For personal reasons, I have not participated fully in the immunization program as outlined by the Public Health Agency of Canada. I release Tearfund Canada from any lawsuit or liability claim that may come as a result of not being immunized. (Please note that some countries will not allow visitors entry without certain shots. Team members who cannot receive required immunizations may not be accepted on a team).

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Do you require a special diet? **	
Do you have any chronic health problems or physical limitations? **	
Have you ever received treatment for drug/alcohol dependency? **	

\*\* If any of these last 3 questions were answered yes, please submit details on a separate sheet of paper.



### Section 3 – Participant Agreement and Child Protection

#### Participant Agreement

If I am selected for the team, I will make every effort to:

- Be others-centered, cooperative and submit personal desires and preferences (privacy, food, dress, etc.) to standards of the host.
- Follow and adhere to Tearfund policies and procedures as presented by my team leader(s).
- Be committed to fully complete pre-trip training requirements, debriefs and re-entry training.
- Be willing to advocate on behalf of the people we serve and build awareness and understanding and where possible, move people to compassionate action.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Child Protection

Assault and abuse issues are important in our society today. During this short-term team’s work, we may be placed in positions of responsibility for children and other vulnerable members of society. We ask everyone who applies for a Discovery Team to answer the following questions:

Have you ever been convicted of a criminal offence for which a pardon has not been given?	
Have you ever been investigated by the Children’s Aid Society regarding any kind of abuse of children?	
Have you ever emotionally, physically, or sexually abused another person?	

If you answered “yes” to any of these questions, please give details on a separate piece of paper.

I hereby authorize the appropriate police force to investigate its records, make inquiries of police forces and advise the staff of Tearfund whether or not records contain such information which, in the opinion of the police force, may be relevant to my application.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Section 4 – Your Story

Please take the time to answer the following questions on a separate piece of paper. Feel free to use sentences or point form.

### Part A

1. Please write a brief autobiography. (Max. 3-5 paragraphs only)
2. Briefly describe your spiritual journey and who God/Jesus is to you.

### Part B

1. Why do you believe that a Discovery Team experience is appropriate for you at this time?
2. How do you believe this opportunity could be beneficial to you, and how you could be an asset to the host organization and to Tearfund, which you will be representing?
3. Outline any current or previous cross-cultural, mission or service work that you have been involved with. Include any experiences you have had with nationals, education, international development or the poor.
  - a. Describe your role.
  - b. What was enjoyable or fulfilling?
  - c. Explain what struggles you faced and how were they overcome.
4. What fears do you have as you go on this Discovery experience?
5. What hopes do you have as you go on this Discovery experience?
6. What expectations do you have of God as you go on this Discovery experience?
7. In your own words define the words “advocate” or “ambassador”. Include the name(s) of an advocate, activist or social justice leader who has challenged or inspired you and briefly describe how they have impacted you.
8. Where could you plan to be an advocate for the people and work that you visit in the spheres of influence that you have?
9. Include any other information that you feel would be helpful for us to know.

## Section 5 – Activity Interest and Skill Check

It is a possibility that Discovery Team participants may have the opportunity to teach a skill or train others in the host country.

Please insert an “X” in the appropriate boxes. Leave blank if you have no interest or ability in that area.

	Would like to	Have participated in	Assisted in leading	Can lead	Notes/Comments
Agricultural training					
Animal husbandry training					
Bible study leading					
Board governance					
Business consulting					
Children’s Ministry/DVBS					
Computers					
Construction/Engineering					
Counseling					
Cross-cultural training					
ESL teaching					
Geography and Current Affairs					
Graphic Design					
Health Care / Nursing					
Musician/Singer					
Photography					
Prayer Ministry					
Preaching					
Project Management					
Public Speaking					
Relief / development work					
Soccer and Sports					
Small engine mechanic					
Translation/Literacy					
Videography					
Worship Leading					
Writing/Journalism					
Youth Ministry					
Other					
Other					
Other					

Do you have any certifications? If so, what?	
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## Section 6 – References

In many cases, Tearfund staff can complete reference forms for participants. Please list the names of two people you would be comfortable sending reference forms to if we do not feel we have enough history with a participant. One must be a teacher, employer or supervisor in a work situation. The second person should be a pastor, elder, small group leader or a spiritual mentor.

### Reference 1 Teacher, Employer or Supervisor in a Work Situation

Name:	
Relationship to you:	
Day Phone:	
Evening Phone:	
Email:	

### Reference 2 Pastor, Elder, Small Group Leader or Spiritual Mentor

Name:

Name:	
Relationship to you:	
Day Phone:	
Evening Phone:	
Email:	

## Additional Information

### Acceptance as a Discovery Team Participant

- Tearfund Discovery Teams are a board-approved program with set criteria for acceptance and participation. Each candidate must submit a completed application to Andrea Sherk at [asher@tearfund.ca](mailto:asher@tearfund.ca).
- Good health will be required of each team member.

### Tearfund Discovery Teams Leadership

- Leadership for Discovery Teams will be provided by Tearfund staff.

### Passports and Visas

- Team members traveling to the host country will require a passport (valid until 6 months after the team's return date).

**IMPORTANT: As noted on the first page of this application form, when visas are required, Tearfund will need all participants' passports at the office at least ONE MONTH before departure in order to process visas. Send your passport and requested identification documents by registered mail to the Tearfund Canada head office.**

*Tearfund Canada - 600 Alden Road, Suite 310 Markham, ON L3R 0E7*

### Food and Water

- Food eaten on these trips will mostly be local with some North American meals. Meals will sometimes be eaten in local restaurants. Some meals may be eaten at the guesthouse or en-route.
- Bottled water will be provided daily for all participants.

### Sleeping Accommodations, Washroom Facilities and Internet

- Accommodations will range from missionary guesthouses to very basic motel-type rooms.
- Shared washrooms, outhouses and "stopping by the side of the road" could all be experienced.
- Hot water may not be available in some accommodations.



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- o Internet access is very limited and slow. Participants will not be in daily contact with home.

### Insurance

- o Each participant will be required to provide proof of medical out-of-country insurance. Participants can be covered from an employer’s benefit plan or by purchasing coverage through a bank, travel agent or credit card company.
- o **Please attach your proof of out-of-country health insurance with this application.** Your leader will carry a copy as well as you.

### Release / Waiver Form

- o Each participant will be required to sign a Release/Waiver form releasing Tearfund and its leadership and local out- of- country leadership from liability.

### Payment Information & Fundraising Support

- o An application Fee of \$250 deposit must accompany all applications. This deposit is tax deductible. Applications that do not include this fee will not be processed.
- o You may pay this deposit by personal cheque or credit card. This fee is non-refundable unless the applicant is not accepted on the team. In the event you are not accepted into the program, the payment will not be processed.
- o Each participant is responsible to pay for or raise the support required for his or her Discovery Team experience. Individual participation will come as a result of hard work, prayer, newsletters, fund-raising activities and the support and encouragement of friends, families, co-workers or members of your church family.
- o Donations by the participant are considered as donations. Donations can be made for designated individuals or generally to the Discovery Team.
- o Any payment logged as a donation is not eligible for refund.
- o When an individual’s needs are met, funds would be designated to another team member who had need. General donations would be disbursed on an as-needed basis.

### Donations & Tax receipts

All donations are tax deductible.

**Make all cheques out to “Tearfund Canada” and send them to the Tearfund Canada office:**

*Tearfund Canada  
600 Alden Road, Suite 310, Markham, ON L3R 0E7*

**Donors should indicate on the memo line of their cheque your name and then on a separate piece of paper, indicate your Discovery Team destination and dates.**

### Example note to accompany a donor cheque:

Team member: Jane Doe

Discovery Team destination and dates: Ethiopia, July 2020

### Questions

If you have any questions about the Discovery Trip experience or about completing the application, please contact Andrea Sherk at asherk@tearfund.ca or 905-415-8181 ext 216.

## Application Checklist

Completed Application Forms (Section 1-6)	
\$250 Deposit (to be made payable to Tearfund Canada)	
Proof of Travel Health Insurance (or insurance application form)	