



**westside**  
king's church

## **STM Team Member Commitment & Disclosure Form**

This information will be held confidential and will only be used for purposes relating to WKC ministries. WKC leadership, our international partner as well as the WKC missions committee will be privy to the information. At the discretion of the team leader in conversation with a team member, some information may be shared with the outbound STM team.

You are not obligated to provide any of this information and may withdraw from the application process at any time. This information will be used for the purposes of due diligence, international partnership accountability and appropriate member care for all participants in WKC Short Term Missions.

### **IDENTIFYING INFO**

TODAY'S DATE: ..... (mm/dd/yyyy)

NAME (as shown on passport):.....

MISSIONS TRIP: .....

Destination  
(e.g. Mexico)

Date  
(e.g. May 2003)

### **1. FINANCIAL COMMITMENT**

My initials and signatures below indicates my acceptance of full responsibility to raise the necessary monies to cover all anticipated personal costs related to this trip including airfare, accommodations, ground transport, food, insurances, emergency buffer fund, exit fees, visas, stipend for drivers/host and appropriate administration fees.

ESTIMATED BUDGET: \$3500 (\$300 is non-refundable once accepted for the team)

My signature below indicates my guarantee to submit these monies in accordance with the payment schedule.

| PAYMENT | AMOUNT | DATE |
|---------|--------|------|
|---------|--------|------|

Payment 1:

Payment 2:

Payment 3:

Initials: .....

My signature below indicates my guarantee to have submitted sufficient funds to pay for the airline tickets at the time of purchase. Initials: .....

My signature below indicates that I understand I am personally responsible for any costs over and above the missional budget. For example, souvenirs, early departure, bungee jump, golf etc. Initials: .....

Signature: ..... Date: .....

## 2. TEAM PARTICIPATION COMMITMENT

My signature below indicates my commitment to participate in all training and team building sessions (including the team retreat, and the return debriefing) planned as part of the preparation process for the short term mission indicated above.

ESTIMATED SESSIONS: 10 (see attached schedule)

Signature:..... Date: .....

## 3. TEAM LEADERSHIP COMMITMENT

My signature below indicates my willingness to follow the direction of team leader, and to respect and support their unique role on the field.

Signature:..... Date: .....

## 4. CONDUCT GUIDELINES

We ask that you refrain from the following behaviors for the duration of your trip (from Calgary to Calgary):

1. Alcohol consumption or joking about alcohol consumption with the Africans
2. Smoking (in view of others)
3. Non-prescription (recreational) drugs
4. Romantic relationships with team members or Africans
5. One-night stands or joking about one-night stands with the Africans
6. Inappropriate language
7. Fighting
8. Viewing pornography and/or talking about it as normal with the Africans
9. Gambling
10. Gossiping
11. Promoting non-Christian views

I, ....., understand and agree to respect the guidelines indicated above.

.....  
Signature

.....  
Date

## 5. DISCLOSURE OF MEDICAL OR PSYCHOLOGICAL CONDITION, DISABILITY OR ILLNESS

A Short Term Mission is a wonderful opportunity, but it can create emotional and physical stress. Living in a different country may be difficult in terms of, for example, the limited availability of certain foods, limited public accessibility for individuals with mobility impairments, and transit and public works systems that are not consistent with western standards. This self-disclosure form has been designed to assist WKC and its overseas partners in determining our appropriate care with all team members. It is, therefore, in your best interest to answer carefully each of the questions below and to provide a candid evaluation of your physical health, stamina and emotional stability. Information you provide on this form will be held in confidence and will be shared with WKC leadership on a "need to know basis."

**WKC does not discriminate against otherwise qualified participants with disabilities on the basis of disability.** WKC does not require medical examinations nor will medical information be used to determine participation in STM programs. However, because medical care in some of our host countries differs from care in Canada, we strongly recommend that you have a medical examination before leaving, and that you provide to your team leader (in consultation with your physician) any medical information that could be necessary or valuable in the event of a medical emergency while you are abroad. In addition, some countries require a medical examination as part of the visa application process.

If you have any questions regarding your participation in a STM project, we urge you to contact the WKC director of missions in order to personally provide you with any and all information which will help you make a decision about your participation. All inquiries will be held in confidence.

### Allergies

1. Do you have any dietary restrictions or known food allergies? ☐ Yes ☐ No

*If yes, please explain:*

Are you allergic to any to any of the following (check any that apply)?

Penicillin ☐ Aspirin ☐ Sulfa ☐ Local Anesthesia ☐ Other (please specify)

Do you have any other allergies e.g., bee stings, environmental)? ☐ Yes ☐ No

*If yes, please explain:*

### Medications & Immunizations

2. Will you need to take prescribed medication while you are overseas? Yes ☐ No

*If yes, please explain:*

3. Please refer to your medical records/history and indicate the years of your immunizations or occurrence of the disease. (A doctor's signature is not necessary.)

Tetanus-Diphtheria \_\_\_\_\_ Polio \_\_\_\_\_ TB Skin Test \_\_\_\_\_ (☐ Positive ☐ Negative)

MMR (Measles, Mumps, Rubella) \_\_\_\_\_ Others \_\_\_\_\_

**Conditions**

4. Do you have any medical problems that may, under stress or duress, require immediate medical attention during your participation in the STM (e.g., epilepsy, heart trouble, asthma, ulcers, haemophilia, diabetes, past illness)? ☐ Yes ☐ No

*If yes, please explain:*

5. Do you have any physical conditions that may affect your participation in an STM program due to dietary needs or need for accessible transportation and housing? ☐ Yes ☐ No

*If yes, what accommodations might be required?*

6. Do you have any psychological conditions that may affect your emotional or mental well being during your participation in a STM? (e.g. Depression, schizophrenia) ☐ Yes ☐ No

*If yes, what kind of support might be needed?*

7. Do you have any medical problems that may make it difficult to obtain international visas (e.g., HIV/AIDS, Hepatitis, Infectious diseases)? ☐ Yes ☐ No

*If yes, please clarify:*

By signing this form, I acknowledge that I have provided a full, honest and open disclosure regarding my physical and psychological health. I give WKC permission to share information concerning any disclosed disabilities with ministry partners who "need to know".

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Signature

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Date