

# MEDICAL TRIP

Dear Applicant,

Thank you for your willingness to support International Needs Canada, by participating in one of our Medical Trips. You are partnering with us and embarking on a journey that will impact the lives of many people in remote communities and struggling cities. We appreciate all the time and energy you will be investing in preparation for this trip. We value your time and commitment. May you be richly blessed.

Thank you for choosing to invest in change.



Festus Addei

Director of Projects and Programs

International Needs Canada

Email: [festus@internationalneeds.ca](mailto:festus@internationalneeds.ca)

## Medical Trip Checklist:

### WHAT WE NEED FROM YOU:

#### To get started, please send us the following:

- ☐ Completed application
- ☐ \$2,000 non-refundable deposit
- ☐ Photo of the first two pages of your passport

#### As we will be visiting children, you will need to submit:

- ☐ Valid police check - <http://www.backcheck.net/inc/>
- ☐ [Signed Child Protection Policy](#)

### IMPORTANT:

#### Details to handle in advance

- ☐ Confirm your passport expires no earlier than six months after your return to Canada
- ☐ Apply for a tourist visa if required
- ☐ **Mandatory:** Purchase travel medical insurance
- ☐ Recommended: Purchase cancellation/interruption/COVID insurance
- ☐ Visit an international travel clinic for required vaccinations and medications

Find all trip information on the International Needs Canada Website:

<https://internationalneeds.ca/medical-trips/>

## International Needs Canada

### Medical Trip Application Form

This application is for the medical trip to: \_\_\_\_\_

#### 1. General Information: (Please Print)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ ☐ M ☐ F

Marital Status: \_\_\_\_\_ Name of Spouse: \_\_\_\_\_

Occupation: \_\_\_\_\_ ☐ Present ☐ Previous

Status: ☐ Employed ☐ Unemployed ☐ Semi-retired ☐ Retired ☐ Student ☐ Other: \_\_\_\_\_

Education: \_\_\_\_\_ Area of Study: \_\_\_\_\_

**Address:** \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

#### 2. Passport Information:

***Please note that all applicants' passports must be valid for six months beyond date of return.***

Full Name (as printed in Passport): \_\_\_\_\_

(Surname)

(Given Names)

Passport Number: \_\_\_\_\_ Nationality: \_\_\_\_\_

Date of Birth: (DD/MM/YY) \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Date of Issue: (DD/MM/YY) \_\_\_\_\_ Date of Expiry: (DD/MM/YY) \_\_\_\_\_

Place of Issue: (Prov/City, Country) \_\_\_\_\_

#### 3. Qualifications/Certifications:

Please check all valid qualifications and certifications you currently hold:

☐ CPR ☐ First Aid ☐ Life Guard ☐ Sports ☐ Teacher

☐ Trades: \_\_\_\_\_

☐ Tech: \_\_\_\_\_

☐ Other: \_\_\_\_\_

If you volunteer in your community, in what capacity? \_\_\_\_\_

PLEASE PRINT CLEARLY

**Personal Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ ☐ M ☐ F

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Family Physicians Name: \_\_\_\_\_ Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Emergency Contact Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ ☐ M ☐ F

Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Mobile Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

**Medical Insurance Information**

Provincial Health Card Number: \_\_\_\_\_

Medical Insurance Company Name (for out of country coverage): \_\_\_\_\_

Policy Number: \_\_\_\_\_ Telephone (calling from overseas): \_\_\_\_\_

**Health Information**

Do you have any health concerns or physical challenges that would limit your level of participation on this team?

\_\_\_\_\_

Please list any prescription medication you are currently taking:

\_\_\_\_\_

Please list any pre-existing medical conditions:

\_\_\_\_\_

Any food or medication allergies: \_\_\_\_\_

## AGREEMENT AND RELEASE LIABILITY FORM

1. I, \_\_\_\_\_ [name of releaser], acknowledge that I have voluntarily applied to International Needs Canada to participate in a trip to \_\_\_\_\_ [country name] organized by International Needs Canada for the purposes outlined in the attached information package.
2. I am aware that participating in the trip may involve me being exposed to certain hazards and dangers, including, but not necessarily limited to hazards and dangers inherent in travel in lesser-developed parts of the world. In particular, I understand that I may be exposed to danger from crime and/or increased threat of disease. I am also aware that at the present time most countries in the world are experiencing a Covid-19 pandemic and that there is therefore an increased risk to my health and wellbeing by participating in the trip including, but not limited to, travelling by air or by other means to and within the countries mentioned above.
3. I acknowledge that I have considered and understood these risks and am voluntarily participating in the trip with knowledge of the potential danger involved. I hereby agree to accept any and all risk of injury, death, or loss or destruction of property resulting in any way from the trip.
4. I further acknowledge that in arranging accommodations for the trip, including but not limited to air and surface transportation, hotels, restaurants and the like, International Needs Canada and any travel agency engaged by International Needs Canada 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 that may be caused as a result of such public accommodation.
5. As consideration for being permitted by International Needs Canada and any of its affiliated organizations to participate in the trip, I hereby agree that I, my assignees, heirs, distributes, guardians, and legal representatives will not make any claim against, sue, or attach the property of International Needs Canada or any of any person or organizations affiliated with International Needs Canada or any of their respective officers, agents, directors, employees or representatives (the "Releasees") for any loss, injury, illness, or damage of any kind resulting from any participation in the trip that is or is alleged to be the result of the negligence or other acts or omissions, however caused, of the Releasees, or any of them. I hereby release all the Releasees from all actions, claims or demands that I, my heirs, executors, administrators, other legal representatives, and assigns may have resulting from my participation in the trip.
6. I have carefully read this Agreement and fully understand its contents. I am aware that this is a release of liability and a binding agreement between me and International Needs Canada and I sign it of my own free will.

Executed at \_\_\_\_\_, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Name [please print]: \_\_\_\_\_

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

### DECLARATION OF WITNESS

I certify that \_\_\_\_\_ [name of Releaser] acknowledged in my presence that \_\_\_\_\_ [he/she] had read and fully understood the meaning and consequences of the foregoing release, and signed it in my presence. Executed at \_\_\_\_\_, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature of Witness (**not a relative**): \_\_\_\_\_

[Print name and Address of Witness]: \_\_\_\_\_

## Code of Conduct

All representatives shall sign and adhere to a code of conduct and behavior that defines appropriate behavior and interactions with INCA sponsored children and other children involved in programs and projects supported by INCA.

☐ I will not visit an INCA sponsored child or a child involved in a program supported by INCA without a local member of a partner's staff present with me at all times. I recognize that I am not permitted to visit any such child independently and that all visits, both now and in the future, must be coordinated and approved in advance by INCA in order to insure the safety of children.

☐ I will never act in any way that will shame, humiliate, or perpetrate any form of verbal, emotional, sexual or physical abuse on a child.

☐ I will not give any personal contact information to an INCA-sponsored child nor will I ask for the child's contact information.

☐ I will not be alone or travel alone with a child. I will be engaged in children's activities in open or visible places.

☐ I will never use inappropriate language, physically strike children, or develop physical or sexual relationships with children.

☐ I will always be responsible for maintaining an appropriate relationship, even if a child behaves inappropriately.

☐ I will not place myself in a compromising or vulnerable position and will stop any interaction with a child if a child says to stop, or if a child appears uncomfortable with the interaction.

☐ I will dress in culturally appropriate ways.

☐ I will not act flirtatiously with any child or touch any child inappropriately. To avoid misunderstanding, I will ask a child for permission before touching or holding hands. Inappropriate touching shall include, but is not limited to, touching children in areas that are normally covered by shorts and shirts, and picking up, lap-holding, hugging, kissing or tickling inappropriately.

☐ I will not solicit a dating relationship with an INCA-sponsored child or youth.

☐ I will not discipline a child in any way.

☐ I will not post identifying information of any children on Facebook or the internet.

### Code of Conduct Con't

☐

I will speak about children with respect for their dignity, resilience, capacity and growth.

☐

I will report all child abuse incidents which I observe or learn about.

☐

I will promote the enforcement of disciplinary measures that are based on Biblical principles of dignity and value of children, teach children responsibility, and reflect reasonable expectations for the age of the child.

☐

I recognize that I may face substantial adverse consequences for breach of this code of conduct.

☐

I am aware that allegations of abuse will be reviewed and, as determined necessary by INCA, investigated. I recognize that, if I violate this code of conduct, I may be subject to applicable local laws and to organizational disciplinary measures.

Code of Conduct to be signed by all representatives BEFORE visiting a child in an INCA project.

I have read and understood INCA's Child Protection Policy, including the Code of Conduct. I agree to abide by this Code.

Name: \_\_\_\_\_

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

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