

CANADIAN SHORT-TERM REGISTRATION

(page 1) Effective September 1, 2011



**Mennonite
Disaster
Service**

Region V Office
6A – 1325 Markham Road
Winnipeg MB R3T 4J6

Tele: (866) 261-1274
Fax: (204) 261-1279
mdscn@mds.mennonite.net
www.mds.mennonite.net

- A. Call (800) 241-8111 to inquire about dates of service. When you have confirmed dates of service and location - download from the website, or call the Region V MDS office, to obtain the Region V Short-Term Registration form (see below).
- B. Return the completed Canadian Short-Term Registration form to the Region V office **one month** prior to departure in order to receive a border crossing letter (one form per person).
- C. Should you require monetary travel assistance, please see the "Canadian Short Term Travel Reimbursement Policy" for details. It is also available by mail when requested.

The following information will be sent to the border crossing prior to your trip, it is **VERY** important that all the information is present and correct.

(PLEASE PRINT)

Name: _____ (as shown on passport)

Home Phone (_____) _____ Daytime/cell phone (____) _____

Fax (_____) _____ E-mail _____

Mailing Address _____ City _____

Province _____ Postal Code _____ Gender: M F

Birthdate (mm/dd/yy) _____ Place of Birth: _____
City Province Country

Citizenship _____ Passport #: _____

Congregation _____

Confirmed Dates of Service: _____ - _____ (mm/dd/yy - mm/dd/yy)

Dates of Border Crossing: _____ - _____ (mm/dd/yy - mm/dd/yy)

Point of Entry into the US _____ Point of Exit from the US _____
(if Detroit, specify tunnel or Ambassador Bridge)

Mode of Transportation: _____

MDS Project Location: _____

Plans to Vacation before **or** after service Yes No Dates of Vacation: _____

Privacy Statement: MDS requires the information below to process your volunteer application. Your information will be distributed to and used by MDS office personnel, Board members, and project leaders for the stated purpose and for statistical records. Your application will be kept on file for two years unless you request otherwise. The above information may be used by US customs and border patrol for a background check.



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If you are traveling to the USA, REMEMBER:

- Personal travel medical insurance
- Passport is REQUIRED
- Border Crossing letter from Region V office
- \$6 US cash to purchase a US visitor visa if requested by customs (No cheques, credit cards, or CDN cash are accepted.) Volunteers may also be asked to pay a fee of up to \$36 US per person for a temporary visa at the point of entry; these fees will not be reimbursed by MDS.
- To use “volunteer” and “service” words, not “work” or “job” which imply pay and employment.

Circle the number that corresponds to your level of experience with each skill:

- 1:** I have no experience. **3:** I am experienced and could perform this skill without supervision
2: I have limited experience and would need supervision **4:** I could demonstrate, instruct and supervise unskilled volunteers in this area.

1 2 3 4 – Framing	1 2 3 4 – Drywall hanging	1 2 3 4 – VCT - Ceramic - Laminate
1 2 3 4 – Finish Carpentry	1 2 3 4 – Drywall finishing	1 2 3 4 – Equipment Operator
1 2 3 4 – Cabinets	1 2 3 4 – General handyman	1 2 3 4 – Mechanics
1 2 3 4 – Painting	1 2 3 4 – Plumbing	1 2 3 4 – Small tool repair
1 2 3 4 – Masonry	1 2 3 4 – Electrical	

Are you licensed in any of the above trades? _____

Would you like to receive the MDS quarterly newsletter? Yes No Already receive it

CANADIAN SHORT-TERM TRAVEL REIMBURSEMENT POLICY

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This policy outlines general considerations that are used when individuals are applying to volunteer at a distant MDS project and request MDS travel assistance. Please note that reimbursement will be based on the rates as indicated below.

Volunteers cover their travel expenses in three different ways:

- 1) *pay their own travel expenses and do not expect a donation receipt for travel,*
- 2) *attempt to receive full or partial travel expense sponsorship from the local church or individual sponsor,*
- 3) *request and receive travel assistance from the Region V MDS office.* If a volunteer wishes to donate the travel assistance back to MDS, a donation receipt will be issued for the donation. Such personal initiative and generosity are to be commended, as they allow MDS to use donated funds to help needy disaster survivors and volunteers traveling to and from projects.

RATES ARE:

- \$250 per person for air, train, bus travel, or for personal vehicle if alone
- Rates for personal vehicle use (rate for group, no individuals):
 - \$500 per vehicle (min 2 persons)
 - \$750 per vehicle (min 4 persons)
 - \$1000 per vehicle (min 8 to max 10 persons)
 - \$100/person if 11 or more people in a van or bus

Notes:

1. The flat rates apply only for projects more than 1000 km from home.
2. Five days worked at a project site is considered one week. Partial weeks are not eligible (Service Confirmation Form verifies the number of days worked).
3. There is no travel assistance for volunteers age 17 and under.
4. Meals, lodging, and all other travel costs **are included** in the calculated rate.
5. Assistance is once per calendar year, and not on top of any other donated travel assistance.
6. Assistance is for travel in Canada and the US, and will be paid in CDN funds.
7. All claims for travel assistance must be made within 30 days of end of voluntary service.

Volunteers are required to have their own adequate health and medical insurance coverage during the entire time of travel and Project involvement.

The Region V MDS office and/or the Region V MDS Executive are the final authority on interpretation of this Program and its application.

Attached: Service Confirmation Form

SERVICE CONFIRMATION FORM

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Revised September 2011



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Canadian volunteers requesting MDS Travel Assistance must:

- **Take this form to project to be completed and signed by the Project Director.**
- **Return this form to the Region V MDS office within 30 days of returning home.**

To be completed by Project Director prior to departure from the project site:

I affirm that _____(volunteer name)

served from ____ / ____ / ____ to ____ / ____ / ____

at _____(project location).

Project Director-name: _____ Project Director-signature: _____

Date: ____ / ____ / ____

To be completed by volunteer:

Name: _____(as shown on birth certificate/passport)

Mailing Address: # & Street: _____ City: _____

Province: _____ Postal Code: _____ Phone Number: _____

Mode of Transportation: Air ____ Vehicle ____ Bus ____ Train ____

If travelling by vehicle, # people in vehicle: _____

If you send a cheque back to MDS as a donation to reimburse these costs, **please mark the Memo line with “TCD”** (travel costs donated).

I do **NOT** wish to receive any MDS mailings/ newsletters