

# CANADIAN SHORT TERM VOLUNTEERS

Revised October 2009



**Mennonite  
Disaster  
Service**

**Canadian Office**  
6A – 1325 Markham Road  
Winnipeg MB R3T 4J6

Tele: (866) 261-1274  
Fax: (204) 261-1279  
[mdscn@mds.mennonite.net](mailto:mdscn@mds.mennonite.net)  
[www.mds.mennonite.net](http://www.mds.mennonite.net)

- A. Call 800-241-8111 to inquire about dates of service. When you have confirmed dates of service & location - download from the website, or call the Canadian MDS office, to obtain the Canadian Short Term Registration form (see below).
- B. Return the completed Canadian Short Term Registration form to the Canadian 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.

## CANADIAN SHORT TERM VOLUNTEER REGISTRATION FORM

**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 2 years unless you request otherwise.

(PLEASE PRINT)

Name: \_\_\_\_\_(as shown on driver's license/passport)

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Gender:  M  F Birthdate (mm/dd/yy) \_\_\_\_\_

Congregation \_\_\_\_\_ Citizenship \_\_\_\_\_

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

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

Mode of Transportation: \_\_\_\_\_

MDS Project Location: \_\_\_\_\_

**If you are traveling to the USA, REMEMBER:**

- Personal travel medical insurance
- Passport is REQUIRED
- Border Crossing letter from Canadian office
- \$6 US cash to purchase a US visitor visa if requested by customs (No cheques, credit cards, or CDN cash are accepted.)
- 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 Carpentry	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	1 2 3 4 – Cooking/Kitchen Help

Are you licensed in any of the above trades? \_\_\_\_\_

# 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 formula 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 Canadian 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.

<b>CRA rate \$.46</b>	<b>X</b>	<b>Return trip in kilometers</b>	<b>X</b>	<b>0.25</b>	<b>=</b>	<b>Travel assistance per person</b>
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Notes:

1. Rate is the Canada Revenue Agency (CRA) guidelines minimum rate.
2. The travel assistance is round trip (official distance will be determined by MDS office from electronic mapping program – please contact the extension office for the final amount).
3. 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).
4. The travel assistance is “per person”.
5. There is no travel assistance for volunteers age 17 and under.
6. Meals, lodging, and all other travel costs **are included** in the calculated rate.
7. Assistance is once per calendar year.
8. Assistance is for travel in Canada and the US, and will be paid in CDN funds.
9. 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 Canadian MDS office and/or the Canadian MDS Executive are the final authority on interpretation of this Program and its application.

Attached: Service Confirmation Form

# SERVICE CONFIRMATION FORM (Revised October 2009)

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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 Canadian 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: \_\_\_\_\_

**Reimbursement:**

**MDS Policy:**

CRA rate \$.46	X	Return trip in kilometers	X	0.25	=	Maximum travel assistance amount - per person
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**YOUR calculated maximum amount:**

CRA rate \$.46	X	_____	X	0.25	=	\$ _____
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My request for reimbursement is \$ \_\_\_\_\_ (equal to or less than my maximum amount)

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