

# International Teachers Institute

Dates of Project: \_\_\_\_\_

**International Teachers Institute**  
99 Mundy Street, Coquitlam, BC Canada V3K 5L5  
Tel. / Fax. 604-526-5693 Email: richard@dodding.net  
Website: internationalteachersinstitute.com

## PARTICIPANT APPLICATION

Please PRINT

1. Name: \_\_\_\_\_ Res. Tel. (\_\_\_\_) \_\_\_\_\_  
                    First Name                      Last Name

Mobile: \_\_\_\_\_

2. Address: \_\_\_\_\_ Wk. Tel. (\_\_\_\_) \_\_\_\_\_  
                    Street                                      May we phone you at work? Yes \_\_\_ No \_\_\_

\_\_\_\_\_ Fax. (\_\_\_\_) \_\_\_\_\_  
                    City                                      Prov/State                      Postal/Zip Code

Email: \_\_\_\_\_ Marital Status: \_\_\_\_\_ If married, spouse's name: \_\_\_\_\_

### 3. Passport Information:

Birth date: \_\_\_\_\_  
  day    month    year

Name as shown on Passport: \_\_\_\_\_

Passport No. \_\_\_\_\_ City Issued \_\_\_\_\_ Date Issued: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ Country of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_

4. From which gateway city in Canada would you depart?

\_\_\_ Vancouver    \_\_\_ Toronto

From which gateway city in the United States would you depart?

\_\_\_ Seattle    \_\_\_ San Fransisco    \_\_\_ Los Angeles    \_\_\_ New York

Outside North America? \_\_\_\_\_

(Note: You will be responsible for your own transportation to your departure city.)

**5. Education:** Institution                      Degree/Certificate    Year                      Subject Area

---

---

---

---

---

6. Language first spoken (mother tongue) \_\_\_\_\_

Other spoken languages: \_\_\_\_\_

**7. Teaching Experience:** (Elementary, Secondary, College/University, subject area and number of years )

---

---

---

---

---

a. What are your special interests in teaching?

---

b. \_\_\_\_\_

c. \_\_\_\_\_

b. Have you lead workshops for adults? \_\_\_\_\_ Please describe: \_\_\_\_\_

---

d. Have you designed curriculum? \_\_\_\_\_ Please explain:

---

---

d. Describe your experiences in teaching the Bible:

---

---

**8. Christian Experience**

a. Describe briefly when and how you became a Christian.

b. Church you are attending: \_\_\_\_\_ How long? \_\_\_\_\_

Pastor's name: \_\_\_\_\_ Tel. (\_\_\_\_) \_\_\_\_\_

c. Present involvement in your church:

---

d. Involvement in other Christian ministries:

---

e. Describe any cross-cultural living, training and/or travel experience you have had.

---

---

9. Employment

What are you doing at present? \_\_\_\_\_

---

10. Skills. List other skills you may have i.e. office (secretarial, bookkeeping, computer), management, medical background, technical, artistic, musical, etc.

---

11. Medical. Have you been under the care of a medical doctor for any reason in the past 12 months? \_\_\_\_\_  
If yes, for what reasons?

---

Do you require any special monitoring and/or medications? \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

I hereby authorize the leadership of the International Teachers Institute project to act on my behalf, according to their best judgement in the conduct of the trip and in any emergency including medical attention.

I hereby waive and release Church On The Way Society and/or International Teachers Institute from any responsibility for any loss, injury, illness, damage or delay incurred by me on this project.

I have read, understood and agree with the above.

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

Printed: \_\_\_\_\_