



encounter

SHORT TERM MISSION

APPLICATION FORM

PERSONAL DETAILS

Given name: _____ Family name: _____

Title: Mr/Mrs/Ms/Miss/Other _____ Date of Birth: _____

Address: _____

Home phone: _____ Mobile: _____

Email: _____

Status: single/engaged/married/divorced/widowed

Nationality: _____

Church affiliation/denomination: _____

Have you been on a Short Term Mission Trip before? Yes/No

If yes, please give brief details:

Which Short Term Mission Trip are you interested in?

Passport Number: _____ Passport Issue Date: _____

Passport Expiry Date: _____ Issuing country: _____

Next of Kin/Emergency contact

Name: _____ Relationship to you: _____

Home phone: _____ Mobile: _____

Email: _____

Address: _____

Do you speak a language other than English at home? Yes/No

If yes, which language: _____

Present occupation: _____

MEDICAL INFORMATION

Do you have a disability, impairment or long term medical condition which may affect your service?

If Yes, please indicate:

- Hearing
- Learning
- Mobility
- Vision

- Medical
- Allergies
- Mental health
- Other

If you answered Yes for any of the above, please provide details below and/or any other relevant information.

Do you smoke or take alcohol? Yes/No

If yes, please explain:

Have you ever been dependent on alcohol, tobacco or illicit drugs? Yes/No

If yes, please explain:

Do you have any specific dietary requirements?
If yes, please provide specific requirements and/or other information.

Are you currently taking any prescribed medication?
If yes, please list below.

REFEREES

Please provide the name and contact details of two referees. One of your referees should be an elder or pastor at your church. (Neither of your referees should be related to you. Please understand that we will contact these people for their recommendation).

Church elder or pastor:

Name: _____

Name of Church: _____

Email address: _____

Phone contact: _____

Personal referee

Name: _____

Nature of their relationship with you (e.g. friend, mentor, colleague, Youth group leader):

Email address: _____

Phone contact: _____

APPLICANT AGREEMENT

You will be required to undertake training in Child Safety and Protection as a part of your preparation for the ENCOUNTER short term mission.

In addition to that, please answer the questions below.

1. Do you have any criminal record? Yes/No

If yes, please provide details:

2. Have you at any time been accused or convicted of any offence involving children or young people? Yes/No

If yes, please provide details:

3. If you are 18 years of age or older, do you have a Working with Children card or the equivalent Police Clearance in your state? Yes/No

If yes, please attach a scanned copy.

By signing this document below, I agree that:

1. The information supplied in this form is correct to the best of my knowledge
2. I authorise GLO/AMT to contact my referees regarding my character, suitability and experience.
3. I understand that being part of an ENCOUNTER short term mission team requires
 - a. Commitment to the ministry and the team
 - b. Accountability to the ministry leaders both in the team and on the field
 - c. I understand that this application and any further information can be shared between GLO and AMT.

Name: _____

Signature: _____

Date: _____