



Teams Application Form

Please complete in block capitals and black ink. (Information kept strictly confidential)

Please consider my application to go on (tick as appropriate):

A Project Team

A Mission Team

A Preaching Team

DESTINATION DETAILS:

Your Preferred Destination: India Africa S & C America Europe Don't mind

Details of current team destinations are posted on our website - please have a look or contact us by telephone or by email for more details. If you would like to discuss team details further then please contact us by telephone to arrange to speak to someone.

PERSONAL DETAILS:

Surname: _____

First Names(s): _____

Title (tick) Mr Miss Ms Mrs Rev

Address: _____

Postcode: _____

Telephone _____ Mobile _____

Email address: _____

Date of Birth: ___/___/___ Age: ___

Marital Status: Single Engaged Married Divorced Widowed

Present Occupation: _____

Please attach a recent
passport size photo of
yourself

PASSPORT DETAILS:

Name (as shown on passport): _____

Passport Number: _____ Place of Issue: _____

Date of Issue: _____ Expiry Date: _____ Nationality: _____

PARENTS DETAILS

Name: _____

Address: _____

Telephone: Home _____ Work _____ Mobile _____

Email: _____

Name: _____

Address: _____

Telephone: Home _____ Work _____ Mobile _____

Email: _____

DETAILS OF NEXT OF KIN: (IF DIFFERENT FROM ABOVE)

Name: _____

Address: _____

Telephone Number: _____ Mobile: _____

Relationship to you: _____

A BIT MORE INFORMATION ABOUT YOU:

TEAM EXPERIENCE:

Do you have any experience of teamwork in the UK or abroad? Please give details:

MEDICAL INFORMATION:

Please give details of any medical information that Mission International should know about in order that you remain in good health while abroad? However trivial you need to declare these for insurance reasons.

CRIMINAL RECORDS

PLEASE BE AWARE THAT PART OF OUR PROCEDURE IS TO APPLY TO THE CRIMINAL RECORDS BUREAU FOR A DISCLOSURE OF ANY CRIMINAL RECORD CONCERNING YOU WHEN ENROLLED ON A MISSION INTERNATIONAL TEAM.

Any disclosure would not preclude you from being accepted on a Mission International Team unless the offence was of a sexual nature, involving vulnerable adults or children

Do you have a criminal record, or is there any reason you should not work with children? Yes No

If yes please give details and dates: _____

Are you aware of anything else that you have not already mentioned that could be an embarrassment to Mission International if it were disclosed?

If yes please give details: Yes No

PLEASE BE AWARE:

On Mission International teams there will be No Dating-(boy/girl relationships), Drinking of Alcohol, Smoking, Driving, and Drug taking (except those prescribed by a doctor).

Will you abide by the above rules and the instructions of your team leader as appropriate if accepted on a Mission International team?

Yes No

CHURCH HISTORY:

Name of church you attend: _____

Denomination of the Church you attend: _____

How long have you been a member of this Church: _____

Are you currently or have you recently been involved in any Christian work?: _____

Have you been involved in any of the following areas?

Tick	How much experience have you had?
Preaching/ Bible Teaching __	_____
Music __	_____
Leading Worship __	_____
Drama __	_____
Youth Work __	_____
Children's work __	_____

If you play an instrument or sing well please state how long you have been playing/singing. _____

Would you be willing to bring your musical instrument with you and use it to lead worship whilst on a team? Yes No

OTHER SKILLS (please give details if applicable)

Medical (e.g. Nursing, First aid – include most recent course dates): _____

Practical (e.g. Agriculture, construction, motor vehicle): _____

Teaching (e.g. Teacher, sports instructor/coach): _____

Other (e.g. Art/craft, IT skills, Duke of Edinburgh awards, dancing, swimming): _____

REFERENCES

Please give contact details of two people who can give Mission International a reference about you to support your application. You should have known them for at least three years. (One of these should be your Minister/Vicar/Pastor/Church leader/Leading elder).

First Reference (Capacity _____)

Name: _____

Address: _____

Telephone Number: _____

Email: _____

Second Reference (Capacity _____)

Name: _____

Address: _____

Telephone Number: _____

Email: _____

