



Private and Confidential

Date Rcvd	Ack/Med	Deposit	Ref 1
Med. C	NOK	Ins	Ref 2

SHORT TERM MISSION

'step into someone else's shoes'

Please attach a passport photograph here

Please complete in CAPITALS and black ink

<p>Personal information</p> <p>Title: (Mr. Mrs, Miss, Revd, etc) _____</p> <p>Surname: _____</p> <p>Date of birth: _____</p> <p>Place of birth: _____</p>	<p>Christian name(s): _____ (as on passport)</p> <p>First name known by: _____ (if different from above)</p> <p>Marital Status: Single Engaged Married Widowed Divorced Separated</p> <p>Do you have children? YES / NO</p>	
<p>Permanent Address: _____ _____ _____ _____ _____ Post code: _____</p> <p>Home Phone: _____</p> <p>Mobile Phone: _____</p> <p>Work Phone: _____</p> <p>E-mail: _____</p>	<p>Temporary address: _____ (If applicable) _____ _____ _____ Post code: _____</p> <p>Phone: _____</p> <p>Mobile Phone: _____</p> <p>E-mail: _____</p> <p>Dates at temporary address: _____ _____</p>	<p>Passport details</p> <p>Nationality: _____</p> <p>Number: _____</p> <p>Issued from: _____</p> <p>Valid until: _____</p>

<p>Current status</p> <p>Occupation: _____</p> <p>If student, please give name of college, course and year of study: _____ _____</p> <p>Name and address of employer/place of study: _____ _____</p>

Location

Please indicate your preference for where you would like to go. (1 = first choice etc.)

Burundi (25+) [] The Philippines (25+) []

Russia (18+) []

Ghana (18-30) [] Romania (18-30) []

Please tick this box if you have no preference (please indicate which age group). 18-30 [] 25+ []

Dates for trips are provisional at present and are dependent on flight availability.

What dates are you available? _____

We cannot guarantee that everyone will be able to get their first choice of location, although we do try very hard to give everyone their first or second choice if at all possible.

Motivation

Please describe your previous interest in overseas Christian work: _____

Please explain why you wish to participate in a SHORT TERM MISSION visit: _____

(Please use an additional sheet if needed)

Interests

Hobbies and interests: _____

Other voluntary interests: _____

Christian Faith

Please briefly describe the beginning and the development of your faith:

(Please use an additional sheet if needed)

Church Involvement

Name of church currently attended _____

Denomination _____ Diocese _____ How long have you attended? _____
(if known)

Name of term time church (if different): _____

Denomination _____ Diocese _____ How long have you attended? _____
(if known)

Please give details of regular church activities/Christian work you are currently involved in: _____

Please identify any skills that you may have (e.g. music, decorating, first aid, administration, evangelism, children's work etc):

Please give details of your involvement in any team/group activities: _____

Please give details of any position of responsibility that you hold/have held in your church or any other organisation:

General

Please give details of any previous travel experience outside of western Europe: _____

Are you a vegetarian? YES / NO If yes are you willing to eat meat so as not to offend your hosts? YES / NO

Do you have any serious allergies? YES / NO If yes please specify: _____

Do you have any other dietary requirements? (Please specify) _____

Do you have any current health restrictions or history of physical or psychological health problems? (Please specify)

Are you taking any medication? (Please specify) _____

Blood Group (if known): _____

Do you have an Israeli stamp in your passport? _____

Do you speak any other languages? _____ If yes to what level? _____

Please name anyone known to you who is also applying for a **SHORT TERM VISIT** in 2007 _____

How did you hear about **CMS SHORT TERM MISSION VISITS**? _____

Referees (not relatives)

All applicants must complete sections a and b.

(a) **Clergy:** Please give the name and address of your current vicar/ minister/ pastor/college chaplain

Name _____

Address _____

Telephone No. _____

Email: _____

(b) If (a) has not known you for at least 2 years please also give details of another **church leader** who has known you for at least 2 years

Name _____

Address _____

Telephone No. _____

Email: _____

Applicants for 18-30 visits, please complete section c.

(c) **Professional:** Please give the name and address of your current (or if this is not possible a very recent) employer, tutor or head teacher

Name _____

Address _____

Telephone No. _____

Email: _____

Next of Kin

Name _____

Relationship (e.g. sister) _____

Address _____

Tel (Home) _____

Tel (Work) _____

Mobile _____

Email _____

Emergency Contact

Someone else CMS can contact in case of emergency

Name _____

Relationship (e.g. sister) _____

Address _____

Tel (Home) _____

Tel (Work) _____

Mobile _____

Email _____

Declaration

Please tick the boxes to acknowledge and consent to each statement.

I declare that the information in this application form is true.

I am available and agree to attend the Training weekends/day, and the Debriefing Weekend/day.

I am in good health and I believe that I am /will be in a position to cover the costs of the visit.

If I participate in this **SHORT TERM MISSION VISIT** then I agree that if I want to raise money for people/projects that I have visited, I will first consult with the appropriate CMS staff regarding the sensitivity of any possible gift.

If I participate in this **SHORT TERM MISSION VISIT** then I agree to respect the authority of the church/organisation I visit, the leaders of the group, and CMS and to abide by any guidelines provided.

SHORT TERM MISSION participants are responsible for obtaining their own insurance.

While CMS will take all reasonable steps to assist participants in any emergency, there will be no legal liability on CMS or its partners or employees for the consequences of events outside their control.

CMS may request a Criminal Record Bureau check for applicants.

Signature _____ Date _____

Check list (tick boxes).

I have completed each section of this form I have attached my passport photo

I have enclosed a £100 deposit cheque made payable to the **Church Mission Society**

Deposits are only returnable if CMS is unable to offer you a place on the team of your choice.

Please return to Debbie James, Cross-cultural Engagement Advisor,
CMS, Partnership House, 157 Waterloo Road, London, SE1 8UU.

Registered Charity No. 220297.