



Short Term Trip Application Form

This form will be used for team selection. It will be viewed by only those selecting the team and the information will be kept confidential. Filling in this form is not a sign of acceptance on the trip but an application only.

Please submit the following documents along with your application to global@enjoychurch.com.au

Note: Applications will not be accepted without the relevant supporting documents or proof of application to obtain them

1. Criminal record check
2. Working with children/vulnerable people check
3. Copy of your Valid Passport details page (If you do not yet have a passport please provide your full name as it will appear on your passport – it is important that this matches exactly)

APPLICANT DETAILS

Full Name:	
Preferred Name:	
Address:	
Phone:	
E-Mail Address:	
Date of Birth:	
Marital Status:	
Current Occupation:	

MOTIVATIONS

What are the key motivations for you in applying for this team?

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What are your personal expectations and/or goals for your time away?

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EXPERIENCE

Have you been overseas before? If yes, where and for what purpose (e.g. business, holidays, ministry)?

What skills and talents do you have?

What is the highest level of education/study you have obtained?

Over the past 24 months what study have you undertaken and has this been done on a full or part time basis?



WORKING WITH CHILDREN

Please describe what experience you have working/interacting with children.

Have you obtained either of these recently? If yes, please attach copies along with this application. If no, you will need to apply for these in order for your application to be processed.

Criminal Record Check - Yes No

Working With Children Check - Yes No

Do you have any criminal convictions related to children, or has anyone ever made allegations against you? Please provide details.

PERSONAL SPIRITUAL INFORMATION

Which Enjoy Church Campus do you abide in?

West Campus

East Campus

North Campus

Ballarat Campus

Bendigo Campus

Camperdown Campus

Gippsland Campus

Wangaratta Campus

Covenant Church - If so, which one?

When, and where, were you saved?

Are you a regular participant in church activities?

Yes No



If yes, please list areas of involvement/serving (service areas, youth ministry, creative ministries, etc.):

Do you attend a Friendship Group/Small Group? If so which one?

What are your spiritual gifts?

EMERGENCY MEDICAL INFORMATION

In the event of an accident or medical issue while away, it would be helpful to have some general medical information about you. Please fill this section out carefully.

Please list any current medical conditions (incl. allergies) and indicate where they are severe:

Please list any prescribed medications you are currently taking that we need to be aware of:



Please provide details of who we should contact in an emergency:	
Full Name:	
Relationship to you:	
Contact Numbers:	Home.
	Mobile.
	Work.

REFERENCES

Please provide the details of at least two referees that are not related to you. One of the references should be your Campus Pastor.

Reference 1 – Your Campus Pastor / Senior Pastor (if Covenant Church)

Name:

Reference 2

Name:

Position:

Phone:

E-Mail Address:

FINANCIAL & TEAM COMMITMENT

All field visits are self-funded and will require periodic payments due by specified dates. Do you commit to making each periodic payment by the specified dates, recognising that failure to do so may result in you being refused to go on the mission trip?

Yes No

Should you be accepted on this field visit, you will be required to attend a number of team meetings prior to departure, participate in all team activities whilst overseas (including prayer meetings, planning sessions, etc.) and debriefing sessions at the end of the trip. Do you commit to attending all required sessions, recognising that failure to do so may result in you being refused to go on the mission trip?

Yes No

In signing below, I accept the stated conditions.

Applicant Signature:	Date:
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Please note: If applicant is under 18 years of age, parent or legal guardian's signature

In signing below, I _____ accept the above stated conditions on behalf of _____ .	
Parent/Legal Guardian Signature:	Date: