

HOPE NOW SHORT TERM SERVICE APPLICATION

Short Term Service you are applying for

Ukraine: Work Camp/Children's Camp/Football Camp/TEFL Camp/Widows Camp/**Christmas Trip**

Date of planned departure

Date of planned return

Please do not book flights until Hope Now has confirmed the above dates for your Short Term Service with you. The aim of this is to co-ordinate the travel arrangements of those going to and from Ukraine

PERSONAL INFORMATION

First name

Surname

Address

.....

.....

Post Code

Telephone

Mobile

Email

Date of Birth

Marital Status

Spouses Name

Number of Children at home

Employment Status

In case of emergency please contact:

Name

Relationship to you

Home Phone

Work/Mobile

Email

For office use only

Photo:

Passport No.....

Tickets Booked

Flight

Flight Dates:

Outbound

Inbound

Payment:

Deposit £

Balance £

Notes:

.....
.....

Cost for 2017

£220 to cover internal transport, all food, board and lodging

- plus the cost of your flight

(Bursary's are available - please contact Jon to discuss)

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MOTIVATION

Briefly share the reason you would like to be involved with Hope Now

What would you like to see God do in and through you during your time of service?

REFERENCES

Hope Now requires that each person applying for Short Term Service should have two references clearly stating their suitability for the role being applied for. Two references are required – **one from your Church Minister/Pastor/Vicar** and the other from **someone who has known you for at least three years** (not a family member).

Reference 1: Minister/Pastor/Vicar

Reference 2:

Church _____

Relationship _____

Name _____

Name _____

Address _____

Address _____

Post Code _____

Post Code _____

Telephone _____

Telephone _____

Email _____

Email _____

Safe from harm policy

Have you ever been charged with a criminal offence or had your name on the Police Register?

YES / NO

Signed

Date

Please note that you will be required to obtain a Police Check at your own expense

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HEALTH

How would you describe your health?

Excellent / Good / Poor

Please list any major illnesses or surgical procedures you have had in the past five years:

Are you currently receiving medical attention?

Yes / No

If you answered 'Yes', please explain below

Please list any prescription medication you are currently taking

Please list any allergies that you suffer from

Are you diabetic Yes / No

PREVIOUS SHORT TERM SERVICE INVOLVEMENT

Please list any previous Short Term Service that you have undertaken

**Please send your completed forms to:
Hope Now, Malvern Centre, Malvern Road, Southampton, SO16 6PY**