



# HOPE NOW MISSION TRIP APPLICATION

Please circle the trip you are applying for:

Which month/year is the trip you are you applying for? .....

- |                   |                     |               |                      |                                       |
|-------------------|---------------------|---------------|----------------------|---------------------------------------|
| Youth Prayer Trip | Maintenance Mission | Disabled Camp | Hard of Hearing Camp | Cerebral Palsy Camp                   |
| Village Mission   | TEFL Camp           | Football Camp | Children's Camp      | Young at Heart (Widows) Week 1 Week 2 |

**IMPORTANT:** Please do not book your flights until Hope Now has confirmed with you the dates for your Short Term Service and sent confirmation of your place on the trip. We usually aim to contact applicants within 4-8 weeks from receiving your application but if you would like an update on the progress of your application, please contact the office.

## PERSONAL INFORMATION

First name .....

Surname .....

Address .....

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Post Code .....

Telephone .....

Mobile .....

Email .....

Date of Birth .....

Marital Status .....

Spouse's Name .....

Number of Children at home .....

Employment Status .....

In case of emergency please contact:

Name .....

Relationship to you .....

Home Phone .....

Work/Mobile .....

Email .....

**Cost\*** (\*Maintenance, Christmas & Village Missions costs can vary - contact the office)

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

- Plus the cost of your flight
- Plus a contribution to help send a Ukrainian delegate to camp

Please attach  
a head and  
shoulders  
picture here

## Safeguarding Policy

Please note that with this application form you **MUST** include:

- **A copy of your DBS certificate** (if you do not have a DBS certificate, you will be required to obtain one and provide a copy prior to the trip)
- **Your signed Hope Now Agreement Form for short term mission** (Please contact the Hope Now office if you did not receive this)

DBS attached? (tick)

Signed Agreement Form attached? (tick)

Declaration:

I confirm that I have not been charged with a criminal offence or had my name placed on any Police Register.

Signed by applicant:

.....

Date: .....

If you have been charged with a criminal offence and or had your name placed on a Police Register, please contact the office on 02380 780720 before submitting your application.

## HOPE NOW MISSION TRIP APPLICATION

### 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 \_\_\_\_\_

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\_\_\_\_\_

Post Code \_\_\_\_\_

Post Code \_\_\_\_\_

Telephone \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

**IF YOU HAVE TRAVELLED WITH US WITHIN THE LAST 24 MONTHS, PLEASE STATE THE NAME OF THE TRIP AND YEAR YOU TRAVELLED THEN COMPLETE THE BACK PAGE ONLY.**

TRIP: ..... YEAR.....

**PLEASE COMPLETE THE FOLLOWING PAGES IF YOU ARE APPLYING TO COME ON MISSION WITH US FOR THE FIRST TIME OR IF YOU HAVEN'T TRAVELLED WITH US WITHIN THE LAST 24 MONTHS.**

### MOTIVATION

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

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

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### GIFTS & ABILITIES

Please list any skills or spiritual gifts you have (particularly those that would be applicable to this mission trip)

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## HOPE NOW MISSION TRIP APPLICATION

### CHURCH INVOLVEMENT

Where do you attend Church? \_\_\_\_\_

How long have you attended? \_\_\_\_\_

Please list any involvement that you have had in your Church \_\_\_\_\_

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Please list any leadership roles you have undertaken in your Church \_\_\_\_\_

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Briefly share your testimony (if you require more space, please use extra paper)

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### PREVIOUS SHORT TERM SERVICE INVOLVEMENT

Please list any previous mission trips or other overseas service trips you have undertaken

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**HOPE NOW MISSION TRIP APPLICATION**

**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:

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Are you currently receiving medical attention? Yes / No

If you answered 'Yes', please explain below

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Please list any prescription medication you are currently taking

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Please list any allergies that you suffer from and state their severity (e.g. mild)

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Are you diabetic Yes / No

**DATA PROTECTION DECLARATION**

I hereby give my full consent for Hope Now to keep the data provided for the duration for which it is deemed necessary and using it for the legitimate purposes of the charity in accordance with Hope Now's Data Protection Policy. I agree for the Team Leader to have access to my emergency information to use in case of emergency for the duration of the trip.

Signed (applicant)..... PRINT NAME.....

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