

# Short Term Mission: Application Form



Please send the completed document to your Team Leader

Please also attach a scan or photograph of your passport (if applicable)

1. GENERAL DETAILS			
First Name		Surname	
Date of Birth		Gender	
Address			
Marital Status		Name of Spouse	
Phone			
Email			

2. APPLICATION DETAILS				
What STM Trip are you applying for				
Dates	Start	Finish	Total Length of Time	

3. PASSPORT DETAILS (Please write full name as appears on your passport)			
Full Name		Passport Number	
Date of Issue		Place of Issue	
Date of Expiry			
Place of Birth		Nationality	

4. EMERGENCY CONTACT (Not travelling with you)			
Name		Relationship	
Address			
Phone			
Email			

## 5. Education, Employment, Experience & Interests

Details of qualifications	
Details of work history	
Details of experiences and interests relevant to application	
Current occupation	

## 6. MEDICAL HISTORY (Medication, Food Allergy, Blood Pressure, Asthma, Disabilities etc.)

Description of medical history relevant to proposed involvement	
Current medication needs	
Any long term health considerations	
Failure to disclose any known pre-existing condition/s may result in the rejection of your application	

## 7. CHURCH & CHRISTIAN TESTIMONY

Church I attend		Denomination	
Church Address			
Phone		Email	
Senior Pastor Name		Mission Coordinator	
How long have you attended this church?			

What has been your role / ministry in the church

Do you have a personal faith in Jesus Christ? If so, please write a concise testimony.

## 8. INVOLVEMENT WITH MISSION

Why do you want to participate in this mission?

What previous cross-cultural experience have you had?

What do you hope to learn from being a part of this team?



What has been your experience and awareness of missions?

What are your concerns / fears / hesitations about this ministry opportunity?

## 9. REFERENCES

1. Pastor
2. Non-relative that has known you for at least twelve months

1.	Name		Position / Relationship	
	Email		Phone	
2.	Name		Position / Relationship	
	Email		Phone	

## 10. MENTOR

Please give the details of a mentor who will be able to support you during your preparation, ministry time and during debrief. This should be someone who has experience in cross cultural ministry and will be able to give the required time to talk through your experiences. If your application is accepted, the mentor will be sent information regarding this role.

Name			
Email		Phone	

## 11. FEDERAL OR BLUE CARD CHECK.

Queensland has a “Blue Card” requirement for all persons working with children. An application for a “Blue Card” invokes a federal Police check. It is vital that all applicants complete either the Federal Police Check or hold a current Blue card. Upon approval, your clearance must be sighted by your team leader.

Type of Check / Reference Number		Date of Expiry	
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**12. OTHER MATTERS**

Are there any other matters you wish to raise that will support your application?

Do you have any questions?

### 13. AGREEMENT

1. I acknowledge that:
  - a) I am aware of the potential risks involved in participating in this team. They include but are not limited to the following:
    - i. Air travel to and within foreign countries
    - ii. Vehicle travel in remote areas
    - iii. Exposure to diseases not common in Australia
    - iv. Accommodation in houses of less than Australian standard
    - v. Food and drink different in type and quality from that available in Australia
    - vi. Different quality of medical care in certain places
    - vii. Possibly increased security risks
  - b) VPBC disclaims all responsibility from any injury, loss or damage suffered by myself, my relatives or my estate, resulting from my involvement in this venture
  - c) VPBC recommends that I consult my Medical Practitioner regarding the mission trip and that I will consider the advice and actions given.
2. I agree that I:
  - i. Will not hold VPBC responsible for any injury, loss or damage suffered by myself resulting from my participation in this trip AND
  - ii. Will indemnify VPBC for any loss or damage resulting from any claim made by my relatives or my estate arising from any injury, loss or damage suffered by myself
3. When instructions are issued by the leadership of the team or VPBC I agree to abide by these instructions for the wellbeing of the whole team and my own safety. The team leadership have the right to discontinue my ministry at any time at their sole discretion. The team leader's decision is final.
4. I agree to attend all team activities. This includes:
  - i. Training and debriefing sessions
  - ii. Daily team meetings
  - iii. Prayer and financial support raising
  - iv. Cultural awareness experiences
5. I agree to participate for the duration of the planned trip (i.e. don't leave early)
6. I agree to behave with cultural appropriateness for the duration of the VPBC Mission (eg. Abstaining from drinking alcohol, dressing modestly)
7. I give permission for VPBC to hold information about myself and my family and disseminate such information as necessary, in appropriate ways and with due sensitivity, in order to fulfil the goals of the organisation
8. I agree that any photos given to VPBC may be used for future promotional material. (If anyone in your team does not want their photo made available, it is the team's responsibility to screen their images before sending them to VPBC).

I have read the above and understand my commitment to participate and my financial commitment.

Signature

Date / /

Signature of Guardian  
(if under 18)

Date / /

*Note: If accepted, travel insurance is required prior to leaving Australia.*

**STM Coordinator and Team Leaders use only**

Please ensure all that accepted applicants have the following in place prior to departure

1. Application form completed	
2. References checked	
3. Blue card or equivalent sighted	
4. Interview arranged	
5. Applicant informed of decision (approved or not-approved)	
6. Information sent to Mentor	
7. Travel Insurance sighted / arranged	
8. Passport valid	
9. Visa valid (if required)	

Team leader to compile all application forms and send to STM Coordinator