

APPLICATION FORM

Personal Information

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Post Code: _____

Phone (Home): _____ (Mobile): _____

Email: _____ Date of Birth: _____

Emergency Contact Information

Name of contact: _____ Relationship to you: _____

Address: _____

City: _____ State: _____ Post Code: _____

Phone (Home): _____ (Work): _____ (Mobile): _____

Email: _____

IF UNDER 18, WRITTEN CONSENT IS REQUIRED TO BE INVOLVED IN THIS TRIP: DO YOU HAVE YOUR PARENT'S
CONSENT TO BE INVOLVED IN THIS TRIP? () YES () NO

Parent/Guardian Name: _____ Signature: _____

Relationship to minor: _____

General Information

1. Briefly provide an explanation of your conversion below or attach a separate page

2. Why do you want to join this mission trip to Armenia?

3. Knowing the purpose of the trip, what do you think are the primary strengths you would bring to the team?

4. List any previous experience(s) that involves you participating in teamwork or travelling overseas. Include previous mission trips you have been on.

5. Do you have any medical conditions that may impact on your experience on this trip?

6. List any concerns you have about your ability to cope as a team member, limitations you feel you may have, any dietary needs etc, so these can be discussed with you.

Confirmation and Acknowledgement

I acknowledge that if I am accepted onto the team I will be required to attend all team meetings and training sessions; that I am responsible for all costs associated with this trip; that my passport will be valid to at least February 2024; and, I will adhere to the required payment schedule. I acknowledge that submission of this form does not guarantee my acceptance onto the mission team.

APPLICANT SIGNATURE: _____

PARENT/GUARDIAN (Only required if participant is a minor)

NAME: _____

SIGNATURE: _____

RELATIONSHIP: _____

Application process and key dates

Application to be returned by: **Sunday, 24 December 2022**

Hand or email to Pastor Craig Baxter:
cbaxter@hillsbiblechurch.org

Application approval by: **Sunday, 7 January 2023**

Deposit required by: **15 January 2023**

Deposit amount: **\$1,000 (non-refundable)**

Payments to be made by direct deposit into the Hills Bible Church account:

Bank Account Name: Hills Bible Church

BSB: 704-922

Bank Account Number: 1000-11547

* Please reference all deposits with your name and 'Armenia Mission'

Office use only

Approved by: _____

Sign: _____

Date: _____