

Mission Team Application Form

Title	Mr	Mrs	Miss	Other		
Name	: _					
Gende	er:	M/F _		_		
Date of Birth:						
Home address:						
Telephone number:						
Mobil	e:					
Email	addre	ess:				
What church do you attend? I am a member of the above church I attend the above church regularly but am not a member.						

Please give a brief account of how you came to faith in Christ.

Tell us about any Christian service/evangelism/church work you have been involved with.

Why would you like to take part in this event?

Please let us know of any medical issues or allergies that you might have: _____

Reference

This should be a minister or church leader who knows you and is willing to recommend you for this event

Reference Name:	
Reference position (how this person knows you - e.g. Pastor, Elder):	
Reference email address/postal address:	
Reference phone number:	
Do you speak any other languages?	
Do you play any musical instruments?	
If you are under 18, we need an Adult/ Parent to sign consent for you to cor	me on the team.
Declaration I certify that to the best of my knowledge all the above information	is correct.
Signed:	
Date:	
Please fill in the enclosed application and return it by post to: Keith Lindsay, 30 Carnglave Manor, Spa, Ballynahinch, Co. Down BT24 8XE	<u>:</u>
Or email it to: keith@acregospelmission.org	

Covid Status	
First Vaccine	
Second Vaccine	
Booster	
if yes which booster:	