



Private and Confidential

Date Rcvd	Ack/Med	Deposit
Ref	Med. C	Ins

Please attach a passport photograph here

SHORT TERM MISSION

Step into someone else's shoes

Application form for Encounter Bungoma, Kenya

<p>Personal information</p> <p>Title: (Mr, Mrs, Miss, Revd, etc) _____</p> <p>Surname: _____</p> <p>Date of birth: _____</p> <p>Permanent Address: _____</p> <p>_____</p> <p>_____</p> <p>Post code: _____</p> <p>Phone: _____</p> <p>Mobile Phone: _____</p> <p>E-mail: _____</p>	<p>Christian name(s): _____ (As on passport)</p> <p>First name known by: _____ (If Different from above)</p> <hr/> <p>Passport details</p> <p>Nationality: _____</p> <p>Number: _____</p> <p>Issued from: _____</p> <p>Valid until: _____</p> <hr/> <p>Location</p> <p>I am applying for :</p> <p>Encounter Bungoma, Kenya</p>
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<p>Motivation</p> <p>Have you had any previous interest in overseas Christian work? (Please describe)</p> <p>_____</p> <p>Please explain why you wish to participate in ENCOUNTER BUNGOMA:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

Church membership & involvement

Name and address of church you currently attend or lead _____

Denomination: _____ How long have you attended or led this church? _____

Please give details of regular church activities you are currently involved in/ any position of responsibility you have held or hold in your church, if ordained please indicate your ministry strengths and any wider role you hold:

(Please use an additional sheet if needed)

Christian Faith

Please briefly describe the beginning and the development of your faith and if ordained your call to ordained ministry :

(Please use an additional sheet if needed)

Interests

Please list any interest / hobbies / occupation, **especially** anything you might be able to offer to the teaching/training programme in Bungoma :

General

Please give details of **any** previous travel experience outside of Western Europe: _____

Are you a vegetarian? YES / NO If yes are you willing to eat meat so as not to offend your hosts? YES / NO

Do you have any serious allergies? YES / NO If yes please specify: _____

Do you have any other dietary requirements? (Please specify) _____

Do you have any current health restrictions or history of physical or psychological health problems?

(Please specify) _____

Are you taking any medication? (Please specify) _____

Blood Group (if known): _____

Do you speak any other languages? _____

Do you have any previous involvement with CMS _____

Referee	Next of Kin details	Emergency Contact
<p>Please give the name and address of your current church leader or if you are ordained another suitable person who knows you well. (If this person has not known you for at least 2 years, please supply an additional referee who has)</p> <p>Name _____</p> <p>Address _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Telephone No. _____</p> <p>Email _____</p>	<p>Name _____</p> <p>Relationship (e.g. sister) _____</p> <p>_____</p> <p>Address _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Tel (Home) _____</p> <p>Tel (Work) _____</p> <p>Mobile _____</p> <p>Email _____</p>	<p>Please supply the contact details of another person CMS can contact in case of emergency. Ensure this person is available to be contacted during the period of the Encounter Bungoma visit.</p> <p>Name _____</p> <p>Relationship _____</p> <p>Address _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Tel (home) _____</p> <p>Tel (Work) _____</p> <p>Mobile _____</p> <p>Email _____</p>

Declaration

I declare that the above information is true.

I enclose a non-returnable deposit of £100 payable to 'Church Mission Society'.

I agree to attend the Preparation and Debriefing Days.

I am in good health and I believe that I am /will be in a position to cover the costs of **ENCOUNTER BUNGOMA**.

I understand that in the event of withdrawing from the team CMS will be unable to refund monies paid until that point.

I am able to get appropriate insurance to travel overseas.


If I participate in **ENCOUNTER BUNGOMA** then I agree that if I want to raise money for people/projects that I have visited, I will first consult with the appropriate CMS staff regarding the sensitivity of any possible gift.

If I participate in **ENCOUNTER BUNGOMA** then I agree to respect the authority of the church/organisation I visit, the **ENCOUNTER BUNGOMA** leaders and CMS and to abide by any guidelines provided.

While CMS will take all reasonable steps to assist participants in any emergency, there will be no legal liability on CMS or its partners or employees in the event of any consequences of events outside their control.

Signature _____ Date _____

Please return to: Jade Staiano, CMS House, Watlington Road, Oxford, OX4 6BZ



CMS Membership

Please delete as appropriate:

I am a CMS member / I would like to become a CMS member / I would like more information about CMS.