

# GO MISSIONS **Step out**

## GO MISSIONS TEAM APPLICATION FORM

Please complete the following application form in its entirety (providing all applicable information). Please submit separate, individual applications for each spouse and/or family member.

**Application deadline is Sunday, November 27, 2011**

**Team Applying For:** \_\_\_\_\_

If unable to join my preferred team, my second choice would be:

\_\_\_\_\_ to fill in any team in which I am needed; or

\_\_\_\_\_ to be considered for the \_\_\_\_\_ team; or

\_\_\_\_\_ to wait and apply another year

### Personal Information:

\* Please print your full legal name for airline ticket purposes.

Name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ Gender: \_\_\_\_\_

Female  Male  Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ C i t y : \_\_\_\_\_

Province/Territory: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ Birthdate \_\_\_\_\_

(dd/mm/yy): \_\_\_\_\_ Age at time of trip: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Occupation: \_\_\_\_\_

### Home Church Information:

Complete name of Church: \_\_\_\_\_

Pastor's name: \_\_\_\_\_

Pastor's contact number: \_\_\_\_\_

Pastor's email address: \_\_\_\_\_

### Passport Information:

Do you have a passport? Yes  No

If YES, what is your passport number? \_\_\_\_\_

Passport expiry: \_\_\_\_\_ Issuing Country: \_\_\_\_\_

**Note:** If you do not currently have a passport, we strongly recommend that you apply for one immediately upon acceptance to a team. If you do have your passport, be prepared to provide two photocopies to your team leader at the first team meeting

**ROCK CHURCH GO MISSIONS 2012**

**If Under 18 Years Old Complete the Following:**

Is your parent(s) in agreement with you going? Yes  No

Parent or Guardian name(s): \_\_\_\_\_

Contact number(s): \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_

**Languages:**

First language: \_\_\_\_\_ Fluent second language: \_\_\_\_\_

Conversational: \_\_\_\_\_

**Health Information:**

Please indicate if any of the following will cause you any problems or concerns:

Rigorous Outdoor Activity  High Altitudes  High Humidity   
High Temperatures  Low Temperatures  Other

Please explain: \_\_\_\_\_

Health concerns or physical limitations? Yes  No

If YES, please specify: \_\_\_\_\_

Do you have allergies to any medications or foods? Yes  No

If YES, please specify: \_\_\_\_\_

Health Card #: \_\_\_\_\_ Expiry date: \_\_\_\_\_

**Travel Insurance:**

Do you have travel insurance coverage? Yes  No

If YES, provide name of insurance company: \_\_\_\_\_

*\* Note: If NO, all Go Team members are required to obtain personal travel insurance upon confirmation of team flights.*

**Skills/Experience:**

List any skills or experience you have that would contribute to the team's efforts if applicable:

\_\_\_\_\_

\_\_\_\_\_

**Why are you applying for this GoTeam and what are your expectations/apprehensions, if accepted?**

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*Thank you for applying. Together we can make a difference in the lives of others.*

Please return this application to:

Rock Church Christian Association, 222 Sackville Drive, Lower Sackville, NS B4C 2R4

[www.gomissions.ca](http://www.gomissions.ca) t:(902)864-3553 f:(902)865-1034 e:gomissions@rockchurch.ca