

**Hillview Community Church Mission trip to Cape Town, South Africa 2017**  
**Application Form**  
**3<sup>rd</sup> July – 15<sup>th</sup> July 2017**

**ALL INFORMATION WILL BE KEPT CONFIDENTIAL**

This application form is due in no later than Sunday 8th of January. Please hand this directly to Colin Ross or Scott MacDonald or put into Scott's tray in the church office. If you have any questions about the trip or the process please contact either Colin or Scott. There is an information pack that should be fully read before completing this form.

**PERSONAL DETAILS**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

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

Home Phone Number: \_\_\_\_\_

Mobile Phone Number: \_\_\_\_\_

**GENERAL QUESTIONS**

Why would you like to serve on this mission trip?

What are your hopes for the trip?

What are your current areas of involvement at church?

If this is not your first time going to Cape Town with Hillview, what has led you to return?

In what ways do you feel you can contribute to this trip? (Please list any skills, gifting or any aspects of your character that would add to the team)

In what areas would you like to be stretched?

Please tell us about any past mission trip experiences (local or international).

Do you have any concerns or questions?

**HEALTH & WELL-BEING**

Are you currently receiving Pastoral Care or Pastoral Prayer Ministry from someone in Hillview Community Church or elsewhere for any ongoing issues? **YES / NO**

Please write down any allergies you have to food, materials or medicines: \_\_\_\_\_

Do you have a serious medical history or condition? Please note down the relevant details including any treatment you were given with dates, and any drugs that you are taking.

Is there anything else that we need to be aware of? \_\_\_\_\_

### EMERGENCY CONTACT DETAILS

Please inform us of two UK residents who can be contacted in an emergency.

#### Primary Contact:

Name: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Mobile Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Relation to you: \_\_\_\_\_

#### Secondary Contact:

Name: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Mobile Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Relation to you: \_\_\_\_\_

### EXPENSES

I understand that I am liable for my expenses and the cost of the trip. **YES/NO**

I am willing to commit to team fundraising events. **YES/NO**

### TEAM MEETINGS

I am willing to attend a minimum of two of the three team meetings prior to the trip. **YES/NO**

### OTHER

Have you completed a PVG form for Hillview? **YES/NO**

Do you have a First Aid certificate? **YES/NO**

Signed: \_\_\_\_\_

Date: \_\_\_\_\_