



# Short Term Missions

## Application Form – 1

Choice of short term mission trip \_\_\_\_\_

First Name ..... Surname .....

Name as it appears on passport (if different) .....

Date of birth .....

Address .....

.....

Post Code ..... E-mail .....

Phone no: (including std code) (Home) ..... (Work).....

Mobile No.: .....

Occupation ..... Passport No: .....

How long have you been a Christian? (BRIEF TESTIMONY)

.....  
.....  
.....

Do you attend CFC or another church and how long have you been attending for?

.....

Have you any skills which would be of use e.g. music, drama, dance, practical, languages?

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.....

Have you any experience in evangelism or missions?

.....  
.....  
.....

Explain in your own words why you feel God has led you to join us on this team.

.....  
.....  
.....  
.....

Reference 1 (cell leader/Pastor etc.)

Name

.....

Position in church ..... Occupation .....

Phone no: (including STD code) ..... (Home)..... (Work).....

Mobile no: ..... E-mail address: .....

Reference 2 (friend/colleague etc.)

Name

.....

Relationship to you ..... Occupation .....

Phone no: (including STD code) ..... (Home)..... (Work).....

Mobile no: ..... E-mail address: .....

Where appropriate: If you are planning to come as a family please give details below of all family members under 16.

Name	Date of birth	Any special skills

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Please return to:  
Hugh or Aileen Jervis (mark envelope Short-Term Missions)  
Christian Fellowship Church, 10 Belmont Road, Belfast BT4 2AN  
Telephone: 028 90674846 (work) Fax 028 9065 5298  
e-mail [hugh.jervis@cfcbelfast.com](mailto:hugh.jervis@cfcbelfast.com)



# Medical/Emergency Information

Name \_\_\_\_\_ National Health No \_\_\_\_\_

1 Name of GP \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Tel No \_\_\_\_\_

2. **Have you any physical needs for which you are receiving treatment or medication, or have you any special needs?**

\_\_\_\_\_  
\_\_\_\_\_

3 **Do you have any allergies (e.g. medicines, peanuts, eggs etc)** Y/N:

If yes please specify:

\_\_\_\_\_  
\_\_\_\_\_

4 **Medication regularly taken (include dosages and purpose of medication):**

Name of medication

Used for

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**5 In case of emergency, please notify:**

**A.** Name \_\_\_\_\_  
Address \_\_\_\_\_  
Email \_\_\_\_\_  
Daytime Tel No (with area code) \_\_\_\_\_  
Evening Tel No (with area code) \_\_\_\_\_  
Mobile No.: \_\_\_\_\_

**B.** Name \_\_\_\_\_  
Address \_\_\_\_\_  
Email \_\_\_\_\_  
Daytime Tel No (with area code) \_\_\_\_\_  
Evening Tel No (with area code) \_\_\_\_\_  
Mobile No.: \_\_\_\_\_

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