

# HOPE NOW SHORT TERM SERVICE APPLICATION

Short Term Service you are applying for (circle)

Maintenance Mission Disabled Camp Hard of Hearing Camp Cerebral Palsy Camp  
Village Mission TEFL Camp Football Camp Children's Camp Widows Camp Christmas Trip

Date of planned departure (if known) ..... Date of planned return (if known) .....

*Please do not book flights until Hope Now has confirmed the above dates for your Short Term Service with you. The aim of this is to co-ordinate the travel arrangements of those going to and from Ukraine.*

## PERSONAL INFORMATION

First name .....

Surname .....

Address .....

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Post Code .....

Telephone .....

Mobile .....

Email .....

Date of Birth .....

Marital Status .....

Spouses Name .....

Number of Children at home .....

Employment Status .....

In case of emergency please contact:

Name .....

Relationship to you .....

Home Phone .....

Work/Mobile .....

Email .....

For office use only

Photo:

Passport No.....

Tickets Booked .....

Flight .....

Flight Dates:

Outbound .....

Inbound .....

Payment:

Deposit £ .....

Balance £ .....

Notes:

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**Cost\*** (\*Maintenance, Christmas & Village Missions costs can vary - contact the office)

**£220**

to cover internal transport, all food, board and lodging and a place of a child/widow to attend the mission

- Plus the cost of your flight
- Plus a contribution to help send a child/widow to camp

## HOPE NOW SHORT TERM SERVICE APPLICATION

### MOTIVATION

Briefly share the reason you would like to be involved with Hope Now

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What would you like to see God do in and through you during your time of service?

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### REFERENCES

Hope Now requires that each person applying for Short Term Service should have two references clearly stating their suitability for the role being applied for. Two references are required – **one from your Church Minister/Pastor/Vicar** and the other from **someone who has known you for at least three years** (not a family member).

Reference 1: Minister/Pastor/Vicar

Church \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Post Code \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

Reference 2:

Relationship \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Post Code \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

### Safe from harm policy

Have you ever been charged with a criminal offence or had your name on the Police Register?

YES / NO

Signed .....

Date .....

Please note that you will be required to obtain a Police Check at your own expense



## HOPE NOW SHORT TERM SERVICE APPLICATION

### HEALTH

How would you describe your health?

Excellent / Good / Poor

Please list any major illnesses or surgical procedures you have had in the past five years:

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Are you currently receiving medical attention?

Yes / No

If you answered 'Yes', please explain below

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Please list any prescription medication you are currently taking

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Please list any allergies that you suffer from

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Are you diabetic      Yes / No

### PREVIOUS SHORT TERM SERVICE INVOLVEMENT

Please list any previous Short Term Service that you have undertaken

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**Please send your completed forms to:  
Hope Now, Malvern Centre, Malvern Road, Southampton, SO16 6PY**