

Hope Now Short Term Service Application

Short Term Service you are applying for:

Date of planned departure: _____

Date of planned return: _____

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

Personal Information (please print clearly)

Date of application: _____

First Name: _____

Surname: _____

Address: _____

Post Code: _____

Telephone: (day) _____

Telephone: (eve) _____

Email: _____

Date of Birth: _____

Male / Female (please circle as appropriate)

Marital Status: (please circle the one that applies to you)

single | married | divorced | separated | engaged | widowed | annulled

Spouses name: _____

Does your spouse support your application for this trip?

yes | no (If 'no' please explain on a separate sheet)

Do you have any children? yes | no

If 'yes', how many? _____

Occupation: (If student indicate subject(s) studied) _____

In case of emergency please contact:

Name: _____

Relationship to you: _____

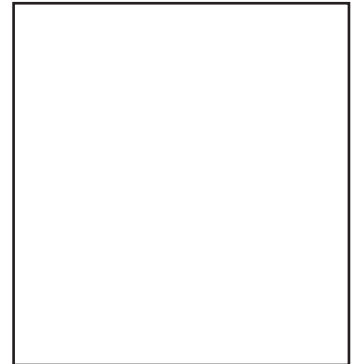
Home Phone: _____

Work/ Mobile: _____

Email: _____

For office use only

Recent H/S photo (essential)



Passport #: _____

Tickets booked:

Flight #: _____

Flight dates:

Outbound: _____

Inbound: _____

Tickets:

Office:

Volunteer:

Payment: air fare

accommodation *

transport*

* Camps cost £210 per week, includes travel to and from airport, food, accommodations, and other essentials. For non-camp short term service please contact the Hope Now office.

Notes: _____

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Motivation

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

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

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 know 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 recent police CRB certificate (if over 18) at your own expense.

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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:

Are you currently receiving medical care?

yes | no

If answered 'yes' above then please explain:

Please list any prescription medication you are currently taking:

Please list any allergies that you suffer from:

Please indicate special dietary requirements that you have:

Previous Short Term Service Involvement

Please list any previous Short Term Service that you have undertaken:

**Please send completed form with recent h/s photograph, testimony and references to:
Hope Now, Malvern Centre, Malvern Road, Southampton, SO16 6PY
and send police CRB certificate (if over 18) as soon as you have received it.**