



GB Summer Mission 2010 - Kosova

Application form

PLEASE COMPLETE THE FORM CAREFULLY IN BLOCK CAPITALS

Please provide one passport size photograph and write your name and date of proposed trip on the reverse.

First choice of trip date:

Second choice of trip date:

Please circle how many weeks you would like to go to Kosova for: one / two / four.

Personal information

GB company and country:

Title:

Surname:

Forenames:

Your name exactly as it appears on your passport:

If you're not a UK passport holder, what is the country of issue?

Nationality:

Passport number:

Expiry date:

Preferred forename (if different):

Home address:

City/town:

Postcode:

Home telephone number:

Mobile number:

Home email address:

Marital status:

Date of birth:

Age on first day of trip:

Present occupation:

If you're a student, please provide the name and address of your school/college/university:

Postcode:

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Course and year of study:

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Name of next of kin or person to contact in case of emergency:

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Relationship to you:

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Telephone number:

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Mobile number:

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N.B. GB volunteers are requested to attend the Prepare to FIZZ team residential and briefing weekend in Larne, Northern Ireland, between 18-20 June 2010. The cost of this weekend will be covered by GB Europe but participants will need to pay for their own travel to and from the venue. Please indicate whether you'll be able to attend:

yes no Further details will be sent in due course by GB Europe – if you're unable to attend this residential you'll need to attend a briefing led by a Smile representative instead, before your trip to Kosova.

Personal health

Please inform GB if your medical details change before the date of the trip.

Are you registered disabled? yes no If yes, please give details:

Please give details of any current health condition:

Please list any medication you're likely to be taking during the trip and what it's for:

Please provide information if you've suffered from any of the following – depression/psychiatric conditions, eating disorder or epilepsy:

The consumption of alcohol is not permitted while on a Smile trip. Do you agree to abide by this policy? yes no

Do you have any distinguishing marks, including tattoos (please give details)? yes no

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Are you likely to be pregnant?

yes no

Do you have any allergies (please give details)?

yes no

Do you have any special dietary requirements? e.g. vegetarian, vegan, celiac

Please note that due to the nature of the trips it's not always possible to meet special dietary requirements.

You and your skills

Please detail any particular skills or experience you have which may be of use on mission e.g. practical, outreach, pastoral care, medical, other:

Hobbies and interests:

Musical instruments you can play:

1.	2.
3.	4.

Languages you can speak and level of fluency:

1.	2.
3.	4.

Countries you've visited:

1.	2.
3.	4.
5.	6.
7.	8.
9.	10.

Do you have any travel anxieties, such as first-time flying or fear of water?

Briefly explain why you'd like to go on the trip:

Please describe any experience of working in a team environment, GB or other:

Volunteers aged 18 plus will need a CRB (Criminal Records Bureau Disclosure) or equivalent (Disclosure Scotland/Access NI/ Garda Vetting Application Form) through Smile. Details will follow after your application form has been received.

Christian faith and experience

What is your religion/faith?

Name of church to which you're associated with:

Name of church leader:

How long have you attended your present church?

Please indicate where you feel you are on your Christian journey:

What Christian activities are you involved in?

References

If you haven't been on a **FIZZ** summer mission before, please give names and addresses of two persons we can contact for a character reference. They should have known you for at least two years but not be a family member.

Reference one – minister or church leader

Name:

How long have they known you?

Home telephone number:

Mobile number:

Email address:

Reference two – captain/tutor/work/friend

Name:

How long have they known you?

Home telephone number:

Mobile number:

Email address:

Relationship to you:

N.B. Smile will notify a person they have been accepted and confirm trip dates once references have been received. If you were a **FIZZ** volunteer in 2009 you don't need to have references completed and Smile will confirm acceptance within a couple of weeks of receiving application form. Your local GB central office will also be notified so the teams can keep in touch with you.

Parental consent (if under age of 18)

I give permission for

to be fully involved in this summer mission and to allow Diana Seeney (GB leader) to act in loco parentis for the trip.

I do don't give permission for my daughter to be emailed directly regarding her mission trip.

I do don't give permission for my daughter to have her photo taken or be filmed in connection with the mission trip for publicity purposes.

Volunteer's signature:

Date:

Signature: (parent/guardian)

Date: