



SUMMER TEAMS APPLICATION FORM

Name :

Date of birth : **Nationality** :

Male/female * **Married/Engaged/Single *** *delete as applicable

Home address :

.....

..... **Post code:**

Home Telephone: **Mobile:**

Email address:.....

How did you hear about UFM?

In which summer team(s) are you interested?.....

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BRIEF ANSWERS ONLY ARE REQUIRED

1. Give name of Church or Fellowship of which you are a member:

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2. What has been your involvement in the life and witness of your local Church/Fellowship?

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3. Give details of your educational qualifications and course:

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4. Give details of past and present employment:

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5. Give a brief account of your conversion:
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6. Give your reasons for wanting to participate in a UFM Summer Team:
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7. Do you play an instrument?..... Sing?.....

8. Have you any other gifts you think may be useful?.....
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9. Have you had any Bible College or other theological training?.....
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10. Are you in agreement with our Doctrinal Statement?
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11. Are you physically fit ?Are you on medication.....
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12. Together with this form, we require a letter of recommendation from your Pastor or Church Leaders. A letter for this purpose is available on our website, which you should pass on to your pastor or church leader.

P
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Signature :

Date :

Please return completed form to Jonathan Redhead at the address below.