



# SUMMER TEAMS APPLICATION FORM

⇒ Please complete in black ink

**Name** : .....

**Date of birth** : ..... **Nationality** : .....

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

**Home address** : .....

.....

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

**Tel/fax n°:** (Indicate dialling code) .....

**Email address:**.....

**How did you hear about UFM ?** .....

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

.....

### BRIEF ANSWERS ONLY ARE REQUIRED

1. Give name of Church or Fellowship of which you are a member : .....
- .....
- .....
  
2. What has been your involvement in the life and witness of your local Church/Fellowship? .....
- .....
- .....
- .....
  
3. Give details of your educational qualifications and course : .....
- .....
- .....
- .....
  
4. Give details of past and present employment : .....
- .....
- .....
- .....
  
5. Give a brief account of your conversion : .....
- .....

(continue overleaf)

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

6. Give your reasons for wanting to participate in a UFM Summer Team : .....  
.....  
.....  
.....

7. Do you play an instrument?..... Sing?.....

8. Have you any other gifts you think may be useful?.....  
.....

9. Have you had any Bible College or other theological training?.....  
.....

10. Are you in agreement with our Doctrinal Statement ? .....  
.....

11. Are you physically fit ? .....Are you on medication.....  
.....  
.....

12. Together with this form, we require a letter of recommendation from your Pastor or Church Leaders. A letter for this purpose is enclosed, which you should pass on to your pastor or church leader.

P  
H  
O  
T  
O

Signature :

Date :

Please return completed form to Peter Milsom at the address below.