

# KRAKOW CITY CHURCH MISSION APPLICATION FORM



FULL NAME: AS APPEARS ON PASSPORT:		OCCUPATION:	
ADDRESS:		D.O.B	MARITAL STATUS:
		SEX: MALE( ) FEMALE( )	
PHONE (MOBILE):	PHONE(HOME):	PHONE (WORK):	
NATIONALITY:	EMAIL:		
PASSPORT NO:	PLACE OF ISSUE:	DATE OF ISSUE:	DATE OF EXPIRATION
<b>EMERGENCY CONTACT:</b> Full Name: Relationship to you: Address:  Phone Numbers:			
Emergency Phone Number(s):			
<b>MEDICAL HISTORY</b> Please state any known allergies, medications you are currently taking or have taken in the last year, any physical disabilities or any other pertinent medical information. (Please use other side of this form to elaborate if needed):			
<u>Legal Requirement</u>  Have you ever been charged or convicted of a criminal offence? YES/NO If yes then please write details on a separate piece of paper.  I, THE UNDERSIGNED, HEREBY ACKNOWLEDGE THAT THE INFORMATION PROVIDED ON THIS APPLICATION FORM IS TRUE. I HAVE READ, FULLY UNDERSTAND AND ACCEPT THE GENERAL CONDITIONS SET OUT BY AUDACIOUS CITY CHURCH IN THE TERMS AND CONDITIONS AND ASSUMPTIONS OF RISK FORMS.  Signature: _____ Date: _____  Parent's Signature (if under 18): _____ Date: _____			

## PERSONAL INFO

Use the back of this sheet if necessary to answer the following questions.

1. Why do you want to join the Krakow mission?
2. Have you ever been on a missions trip before? If yes briefly explain.
3. Please share with us your personal story of how you came to know Jesus and how this has shaped your life up to this point? (200 words)
4. Is there anything else you would like us to know about you?



