

**The Hong Kong Free Methodist Church \* Hong Kong Medical Mobilization Corporation**

**30<sup>th</sup> CAMBODIA MEDICAL MISSIONS TEAM**

**3th November (Sat) – 11th November (Sun), 2018**

**Deadline: 30<sup>th</sup> June 2018**

**APPLICATION:**

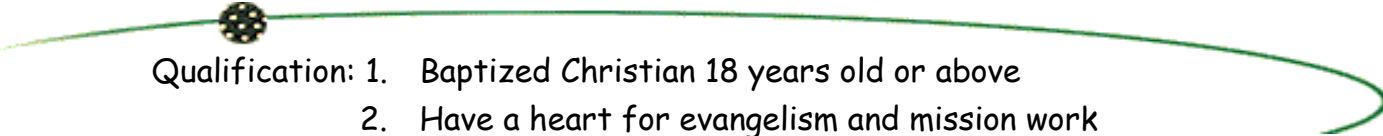
Please send application form with two articles

(1. Conversion testimony; 2. Reasons and expectation for joining the team)

To: The Missions Board, The Free Methodist Church of Hong Kong, Rm 1602, 16/F, Goodman Texaco Centre, 126-140 Texaco Road, Tsuen Wan, N.T., Hong Kong ;

or fax to: (852) 2785 8454 ; or email to: mission@fmchk.org

For enquiries, please contact Mr. Nelson Chan at (852) 2741 9020 or send email to mission@fmchk.org

- 
- Qualification: 1. Baptized Christian 18 years old or above  
2. Have a heart for evangelism and mission work  
3. Willing to live a simple life  
4. Must be recommended by his/her pastor  
5. Willing to follow regulations of the Mission Team  
6. Can complete the whole trip



1. Name: (Chinese) \_\_\_\_\_  
(English) \_\_\_\_\_ (Same as passport)  
Sex: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Marital Status: Single / Married
2. Correspondence Address: \_\_\_\_\_  
Contact Tel No.: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email Address: \_\_\_\_\_
3. Place of birth: \_\_\_\_\_ Nationality: \_\_\_\_\_ HKID Card No.: \_\_\_\_\_  
Passport No.: \_\_\_\_\_ Passport Due Date: \_\_\_\_\_  
[passport must be valid for at least 6 months from the date of returned (i.e. after 11/May/2019)]
4. Occupation: \_\_\_\_\_ Years of experience: \_\_\_\_\_  
Name of Hospital / Company: \_\_\_\_\_
5. Church Name: \_\_\_\_\_ Date of Baptism: \_\_\_\_\_  
Address: \_\_\_\_\_  
Church Ministry Experience: \_\_\_\_\_  
Gift & Skill: \_\_\_\_\_
6. Language Spoken: English  Fluent  Ordinary  Reluctant  
Others: \_\_\_\_\_
7. Health Condition: Do you have the following diseases:  
 Heart disease  High blood pressure  Diabetes  Others: \_\_\_\_\_  
Do you need to take any long term drugs? ( Name of drugs : \_\_\_\_\_ )
-

8. Application of leave from work:  Yes  Not yet  Under consideration

Can you attend the following meeting? If not, Please state the reason.

a. Pre-trip orientations:

11<sup>th</sup> Sept. (Tue. 7:30 ~ 9:30 pm)  Yes  No \_\_\_\_\_

2<sup>nd</sup> Oct. (Tue. 7:30 ~ 9:30 pm)  Yes  No \_\_\_\_\_

16<sup>th</sup> Oct. (Tue. 7:30 ~ 9:30 pm)  Yes  No \_\_\_\_\_

b. Sending Ceremony: 28<sup>th</sup> Oct. (Sun 3:30 ~ 5:00 pm)  Yes  No \_\_\_\_\_

c. Overnight stay prior to departure: 2<sup>nd</sup> Nov. (Fri 9:30pm)  Yes  No \_\_\_\_\_

d. Reunion: 25<sup>th</sup> Nov. (Sun 5:00 ~ 7:00 pm)  Yes  No \_\_\_\_\_

9. If you are the first-time applicant, you need to attend an interview. Please select a time for an interview:

4 July (Wed.  morning  afternoon  night)

5 July (Thu.  morning  afternoon  night)

Others: \_\_\_\_\_ (  morning  afternoon  night)

10. Mission Involvement: Always At times Seldom

Prayer support

Monetary Support

Read Missions Materials

Have you join any mission team before:  Yes \_\_\_\_\_  No

The job I would like to participate:

(a) Jobs:  MC of the meeting  Song leader  Preaching

Testimony  Drama  Musical Instrument

Children's work  Solo / Choir  Logistic

(b) Groups:  Medical  Dental  Children's work  Health education

Logistic  Visitation  Program

11. In case of emergency, please contact (at least provide one contact person):

1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Tel. No.: (Day) \_\_\_\_\_ (Night): \_\_\_\_\_

Address: \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Tel. No.: (Day) \_\_\_\_\_ (Night): \_\_\_\_\_

Address: \_\_\_\_\_

12. Insurance: Travel Insurance will be purchased for each team member

13. MY AGREEMENT

I acknowledge and am fully aware of the risk involved in the participation of the above-mentioned trip, and that notwithstanding same I am voluntarily proceeding with the undertaking and I am assuming all the risk of injury, damage or loss to me and to the others in connection therewith. I understand that all expenses, which I incur while on this trip, will be met by me out of my own funds. I and my family will absolve The Free Methodist Church of Hong Kong, The Free Methodist Church of Cambodia and Hong Kong Medical Mobilization Corporation from any liability that may arise as a result of my participation in the above-mentioned short-term mission trip to Cambodia.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Church Recommendation ( to be filled by Pastor of the Church )**

This is to certify that \_\_\_\_\_ is a full member  
Of the \_\_\_\_\_ Church,  
And was baptized in year \_\_\_\_\_.

I recommend him/her to join this Cambodia Medical Mission Team.

Church Support : 1.  prayer            2.  part of the expense            3.  whole expense

Name of Pastor: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*\*\*\*\*

**For Internal Use:**

1. Interview:
Name of Interviewers:
Approval / Rejected / Waiting List (* Delete whichever is not appropriate)
Reasons:
Date: