

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

31st CAMBODIA MEDICAL MISSIONS TEAM

26th October (Sat) – 3rd November (Sun), 2019

Deadline: 23rd June 2019

APPLICATION:

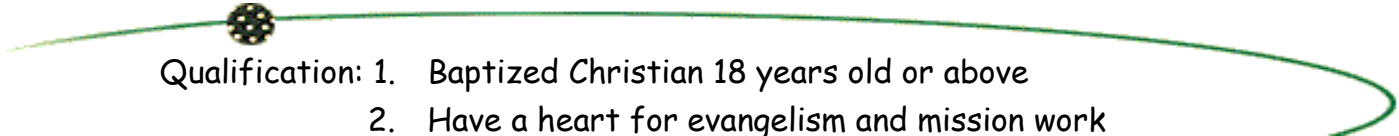
Please send application form with two articles

(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

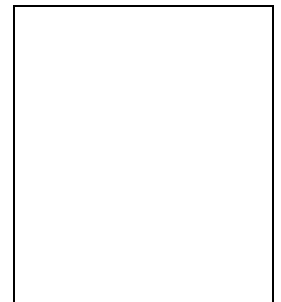
For enquiries, please contact Ms. Galaxy Wu or Mr. Nelson Chan at (852) 2741 9020 or send email to mission@fmchk.org

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- 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 03/May/2020)]

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:

3rd Sept. (Tue. 7:30 ~ 9:30 pm) Yes No _____

17th Sept. (Tue. 7:30 ~ 9:30 pm) Yes No _____

8th Oct. (Tue. 7:30 ~ 9:30 pm) Yes No _____

b. Sending Ceremony: 20th Oct. (Sun 3:30 ~ 5:00 pm) Yes No _____

c. Overnight stay prior to departure: 26th Oct. (Fri 9:30pm) Yes No _____

d. Reunion: 17th 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:

4th July (Thu. morning afternoon night)

5th July (Fri. 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: