

MISSIONS APPLICATION FORM



NLCC Missions Impact trip to _____

PERSONAL CONTACT DETAILS

Name: _____
(as it appears on passport)

Passport Number: _____ Expiry Date: _____

Nationality: _____ Occupation: _____

Date of Birth: _____ Email: _____

Home Address: _____

Phone Number: _____ (home) _____ (mobile)

(please submit a photocopy of your passport for team safe-keeping and emergencies)

EMERGENCY CONTACT

Name: _____ Contact Number: _____

Relationship: _____

QUESTIONS

1. Are there any family, behavioural, mental health or medical conditions which require special attention that we should know about? E.g. ADD/ADHD, allergies, asthma, diabetes, fainting/dizziness, hearing/sight or other impairment, heart problems, migraines, recent broken bones/illness, travel sickness or any other? Please provide details including of any medication you are using or medical attention required:

2. Are you able to self-finance this Missions Impact trip?

Yes No Partial

3. Why do you want to participate in this Missions Impact trip? Please list your objectives.

4. What are your spiritual gifts and talents? (e.g. music, teaching, drama)

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CRITERIA FOR ACCEPTANCE

1. Completion of all Missions Impact training provided by team leaders.
2. Active involvement in mobilising a prayer team for the duration of the trip.
3. Payment of all financial commitments before the trip.
4. An ongoing demonstration of Christian maturity and submission to team leaders.

Please note that travel insurance is optional and is at your personal expense.

PROTECTING YOUR PRIVACY

Protecting your privacy is important to us. We are only seeking this information to manage risk, provide reasonable care and coordinate your involvement in our Missions Impact trip. We will take all reasonable steps to keep the information confidential and will provide it only to those agents acting on behalf of NLCC who as and when required (e.g. the leader of the Missions Impact trip, or a first aid officer).

We will not use your information for any other purpose and we have only asked for information that is necessary to enable you to be involved.

YOUR AGREEMENT WITH NLCC

I am aware that the Missions Impact trip may involve physically and emotionally demanding activities.

- I authorise for medical advice and/or assistance to be sought, where the leaders deem necessary, and further authorise qualified practitioners to administer anaesthetic, if required.
- I accept all risks associated with anaesthetic administration, surgery and/or blood transfusion in the event that such procedures (or other) are deemed necessary.
- I agree to pay medical, transport and any other related expenses and accept responsibility for payment.
- I confirm that the information provided in this application form is true and correct.
- I agree to inform the Missions Impact trip leaders of any change to my details.

I agree to the above criteria.

Name: _____ **Signature:** _____ **Date:** _____

Please mail your completed form to: NLCC Missions Impact
PO Box 3816
SUCCESS WA 6964

DECLARATION AND INDEMNITY

New Life City Church – Missions



I, _____, hereby:

full name

(a) declare that I am participating in _____ at my own risk; and

name of activity

(b) agree to indemnify New Life City Church (“NLCC”) and its representatives including, but not limited to, the person/s designated by NLCC as leader/s for _____

name of activity

against all actions, claims, costs, expenses and demands which may arise under statute or common law in respect of personal injury or death to myself or any other person/s, or loss or damage to any property arising out of, or in the course of _____,

name of activity

notwithstanding that the same may have been contributed to or occasioned by the negligence of NLCC and its representatives.

Signed: _____ Date: _____

IMPORTANT: Any indemnity signed by a person under the age of 18 years must be countersigned by that person’s parent/guardian, whose full name and address shall be given below and also his/her capacity as signatory.

Signature of parent/guardian: _____ Date: _____

(please circle one)

Full Name: _____

Address: _____



New Life City Church

Photo Release Form

I/we _____ (name)
hereby give permission to New Life City Church to have photos taken for
promotional purposes.

I/we agree that these images may be used for any of New Life City Church
promotional purposes for the life of the visual material. I/we agree that this
can include, but will not be limited to the New Life City Church website, e-
newsletter, print publications and by television, online or print media
organisations promoting New Life City Church activities.

I/we grant these rights on the understanding that they incur no fee, and that
I/we have no interest in the copyright of the photos.

Signed: _____

Date: _____

Daytime phone number: _____

Email: _____

Please return completed forms to New Life City Church, 329 Orrong Road,
Kewdale WA 6105