



Teams Application

Short-Term Team Member

Please forward completed application to:
 The Teams Co-ordinator
 Email: teams@mercy-international.com
POST the last page with signatures
plus copy of travel & medical insurance to:
 Mercy International
 PO Box 586
 Kallangur QLD 4503
 Australia

Instructions for completing this form:

- PLEASE READ MANUAL TO BE WELL PREPARED
- Each person travelling on a team must fill in an application form.
- All applications forms should be filled in completely and sent / emailed to the Team Coordinator one month prior to departure date.
- Please take the time to complete the entire form, answering the questions honestly.
- Be concise, if you require additional space use additional paper.
- If you cannot answer the questions seek assistance from the Team Coordinator.

Section 1: Applicant Details			
Given Names Mr/ Mrs/ Ms/ Miss/ Dr/ Other		Family Name	
Name Known By		<input type="checkbox"/> Female <input type="checkbox"/> Male	
Address		Date of Birth	
Suburb/ Town	Postcode	Citizenship	
Passport Number		Passport Expiry Date	
1A: Contact Details			
(Please indicate the preferred contact via the tick boxes)			
Phone Number (including International dial codes)		Email	
Home <input type="checkbox"/>			<input type="checkbox"/>
Work <input type="checkbox"/>		Travelling Email address <input type="checkbox"/>	
Mobile/Cell <input type="checkbox"/>		Other <input type="checkbox"/>	

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Section 2: Team Details

Team Leader's Name

Organisation Sending this Team

Authorising Officer

Dates of Trip

Section 3: If You Are Under 18 Years of Age

(please provide the following)

Father's Name

Work/Mobile

Mother's Name

Work/Mobile

Guardian's Name

Work/Mobile

Parent's Email

Guardian's Email

 **Please Note: All school students must enclose a letter of consent with this Application Form**

Section 4: Emergency Health Care Information

In the unlikely event of an accident or medical problem while on the trip, it would be most helpful to have some basic medical information on you. Please fill out this form carefully.

Name, phone and relationship of person to contact in an emergency

Current Health Conditions

-
-
-

Allergies

-
-
-

Prescribed medication presently taking

Blood Type

Do you have any special dietary requirements?

Additional Health information

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Section 5: Skills And Experience

(please tick)

- | | | |
|---|--------------------------------------|--|
| <input type="checkbox"/> Medical | <input type="checkbox"/> Music | <input type="checkbox"/> Drama |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Artist | <input type="checkbox"/> Journalism |
| <input type="checkbox"/> Teaching Preschool | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Electrical |
| <input type="checkbox"/> Teaching Primary | <input type="checkbox"/> Concreting | <input type="checkbox"/> Painting |
| <input type="checkbox"/> Teacher Training | <input type="checkbox"/> Welding | <input type="checkbox"/> Cleaning |
| <input type="checkbox"/> Teaching English | <input type="checkbox"/> Cooking | <input type="checkbox"/> Maintenance |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Multi Media | <input type="checkbox"/> Haircutting |
| <input type="checkbox"/> Sports Coordinator | <input type="checkbox"/> Crafts | <input type="checkbox"/> Puppetry / Clowning |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Singing | <input type="checkbox"/> Computer / IT |

Comments

Section 6: I Have Experience In The Following Areas

(please tick)

- | | | |
|---|--|---|
| <input type="checkbox"/> Prayer | <input type="checkbox"/> Children's ministry | <input type="checkbox"/> Counselling |
| <input type="checkbox"/> Playing music instrument | <input type="checkbox"/> Christian education | <input type="checkbox"/> Community care |
| <input type="checkbox"/> Preaching | <input type="checkbox"/> Prayer walks | <input type="checkbox"/> Singing solo / choir |

Comments

Office Use Only

Application Received Date

Review and Advice from founders

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Section 7: Declaration

In signing this form, I agree not to hold Mercy International, its officers, employees, or other agents liable for any injury, loss, damage or accident I might encounter while on a short-term team trip.

I realize and acknowledge that my participation on a team trip to Mercy International in Thailand may include risks and possible dangers. I am well aware than my travel to such a foreign country exposes me to such risks as accidents, disease, political unrest, injury from construction projects, and other calamities.

I have taken out Travellers and Medical Insurance with _____
_____ and my policy type and number is _____
(please enclose a photocopy of the policy).

I hereby accept any such risks that might result from my travel to a foreign country.

I unconditionally agree to hold Mercy International/House of Mercy Foundation, its officers, its employees or other persons blameless for any liability concerning my personal property that might be lost, damaged or stolen while on a short – term team trip.

I hereby declare that I do not have a police record anywhere in the world for child sexual molestation.

I have carefully read the above and I understand that my signature herein holds Mercy International, its officers, employees or other persons harmless for any liability for injury, damage, loss accident, delay or irregularity in schedule.

Applicant Signature x	Date
Applicant Full Name 	
Witness Signature x	Date
Witness Name 	
Parent/ Guardian Signature x	Date
Parent/ Guardian Name 	

Team Leaders ensure all team members have fully completed application form.

Email completed forms to Teams Co-ordinator.

This page with signatures plus copy of travel & medical insurance documents to:

Mercy International PO Box 586 Kallangur QLD 4503 Australia

Thank you.