**Recent Photo**

*\** If you are sending this through e-mail, please save this filled form.

Attached a recent photograph in JPEG file.

Please send both files

to us. Thank you.



# **Application Form**

＊This form only allows you to apply for long-term or short-term missions.＊

＊Please complete this form in English unless otherwise stated. ＊

**12/F, Tai Lee Mansion, 165-167 Pei Ho Street, Sham Shui Po, Kowloon**

**Mailing address: P.O.Box 88544, Sham Shui Po Post Office**

**Tel: 2313 1700 / Fax: 2366 2097　Website:** [**www.omhk.org**](http://www.omhk.org)

 **Short Term Service Email:** **mobilisation.hk@om.org**

### A PROGRAMME DETAILS 報名項目資料

|  |
| --- |
| Name of Short-Term Campaign:       |
| Location      | Date (Please fill as D / M / Y - D / M / Y):       |

### B PERSONAL DETAILS 個人資料

* Please fill date as D/M/Y format (D=Day, M=Month, Y=Year). Please fill as much details as possible.
* Please fill in your name according to your Passport. Please **CAPS** your family name.

|  |
| --- |
| Title: **[ ] Mr / [ ] Mrs / [ ] Miss /** **[ ] Rev　　Full Passport Name**:       |
| 中文姓名:       | HKID Number:       | Gender:  **[ ] Male /** **[ ] Female** |
| Nationality:       | Place of Birth:       | Date of Birth:       |
| Passport Type: **[ ]  HKSAR / [ ]  BN(O) / Others:**       | (if any) Passport Type: **[ ]  HKSAR / [ ]  BN(O) / Others:**       |
| Passport Number:       | Place of Issue:       | (if any) Passport Number:       | (if any) Place of Issue:       |
| Issue Date:       | Expiry Date:       | (if any) Issue Date:       | (if any) Expiry Date:       |
| Present Address:       |
|  |
| Tel: | Email:       |

### C EMERGENCY CONTACT 緊急聯絡人資料

|  |  |
| --- | --- |
| Person to contact, in case of emergency:       | Relationship with you:       |
| Tel 1:  | Tel 2: | Email:       |

### D FAMILY 家庭

|  |
| --- |
| Marital Status: [ ] **Never married** / [ ] **Serious relationship** / [ ] **Engaged** / [ ] **Married** / [ ] **Widowed** / [ ] **Separated** / [ ] **Divorced** / [ ] **Remarried**  |
| Name of Spouse:       | Date of Birth:       | Date of marriage:       |

|  |  |
| --- | --- |
| Name of your Father:       | Date of Birth: |
| Email:       | State of Health:       |
| Tel: (Mobile)       | Tel: (Office)       | Tel: (Home)       |
| Present Address:       |
| Name of your Mother:       | Date of Birth: |
| Email:       | State of Health:       |
| Tel: (Mobile)       | Tel: (Office)       | Tel: (Home)       |
| Present Address:       |

### E EDUCATION AND WORK EXPERIENCE 教育及工作背景

|  |
| --- |
| Highest education attained:  |
| Qualification attained | Name of School | Year |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
| Current employment & Work experience (recent 5 years):  |
| Name of Company | Job Title & Duties | Period |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
| Professional qualifications:       |
|       |
|       |
|       |
| Other skills (e.g. instrumental skills, evangelism skills, sport coaching, etc.):       |
|       |
|       |
|       |
| Do you possess a valid driver’s license? (***If yes,*** *which type? Please state your License number*)       |

What language(s) do you know? **(Levels 1 to 10; 1=Beginner, 10=Native)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Language | Read | Write | Speak | Language | Read | Write | Speak |
| Cantonese |       |       |       | Others:       |       |       |       |
| English |       |       |       | Others:       |       |       |       |
| Mandarin |       |       |       | Others:       |       |       |       |

### F HEALTH 健康

|  |
| --- |
| Do you have any physical disability, health problem or are you on regular medication? **Yes[ ]  No[ ]  (If YES**, *please give details below***)** |
|       |
| How stable is your emotional status? |
|       |
| Do you have special dietary need?  |
|       |

### G CHRISTIAN LIFE信仰生活

|  |  |
| --- | --- |
| * Please give your testimony of faith on a separate page.
 | *請另頁書寫得救見證。(可用中文)* |
| * Please share your mission calling on a separate page.
 | *請另頁分享差傳心志。(可用中文)* |
| When did you accept Jesus as your personal Saviour? Year       | Are you baptized? **Yes****[ ]** **No [ ]  If YES**, when were you baptized? Year      |
| Denomination:       | Name of Church ( 中文 ):       | (English):       |
| Name of Pastor ( 中文 ):       | (English):       | Title:       |
| Email:       | Tel: (Office)      | Tel: (Mobile)       |
| Present Address:       |
| Please give details of another leader from your home church as a reference, who knows you well and have worked with you in the same ministry.  |
| Name of Leader:       | Relationship with you:       |
| Email:       | Tel: (Office)      | Tel: (Mobile)       |
| Present Address:       |
| Have you ever been involved in Christian Service? **Yes****[ ]  No [ ]**  **(If YES**, *please give details below***)** |
| a) With your Church:       |
|       |
|       |
|  |
| b) With another Organisation:       |
|       |
|       |
|       |

Have you had previous short-term mission experience? **Yes [ ]  No [ ]  (If YES,** *please give details below***)**

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Location | Activities | Organisation |
|        |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

Have you had previous OM experience? **Yes [ ]  No [ ]  (If YES,** *please give details below***)**

|  |  |  |
| --- | --- | --- |
| Date | Location | Activities |
|       |       |       |
|       |       |       |
| Have you been an OM campaign team leader before? **Yes** [ ]  **No [ ]**  |

### H MISCELLANEOUS其他

|  |
| --- |
| 1. How did you first hear about OM?
 |
|       |

|  |
| --- |
| 1. How did you know about this campaign?
 |
| **OMHK Website** [ ]  　**OMHK Newsletter (晴/Change) [ ]**  　**Facebook** [ ]  　 **Instagram** [ ]  　**Church [ ]**  　**Pastor** [ ]  　**Friend [ ]**  　**Other (*Please state*)**      I agree [ ]  **OR** I do not agree [ ]  to receive news and invitations from OMHK by email and consent to the use of my personal data for this purpose. I understand that I can opt out at any time by postor email to info.hk@om.org.  |

|  |
| --- |
| 1. Please describe briefly why would you like to join this OM campaign?
 |
|       |

|  |
| --- |
| 1. What are your expectations for joining this campaign?
 |
|       |

|  |
| --- |
| 1. Have you ever been dismissed or not accepted by another mission? (If YES, please give details)
 |
|       |

|  |
| --- |
| 1. Does your family encourage/object to your involvement with OM? (***Please give details***)
 |
|       |

|  |
| --- |
| 1. Does your church encourage/object to your involvement with OM? (***Please give details***)
 |
|       |

|  |
| --- |
| 1. Do you have to raise your financial support for joining this campaign? **Yes[ ]** **No [ ]**
 |
|       |

|  |
| --- |
| 1. Do you have any other debts and/or financial commitments? (***If yes,*** *please give details*)
 |
|       |

|  |
| --- |
| 1. Are you considering long-term missionary service? (***Please briefly explain****)*
 |
|       |

|  |
| --- |
| 1. Please provide any other relevant information that we should know.
 |
|       |
| I declare that the details provided above are true and accurate to the best of my knowledge and belief, and I undertake to promptly notify OMHK of any changes thereto. I understand that any missing or incomplete details may render OMHK unable to process this application. I agree that my personal data will be used for purposes relating to this application and may be shared with any OM offices or staff and any organisations to which OM seconds staff, wherever they may be incorporated or located. I understand that I may contact the Assistant Mobilisation Officer of OMHK at mobilisation.hk@om.org or the mailing address stated at the beginning of this form for a request to access or correct personal data. Please refer to <https://www.omhk.org/PICS-en/> for the Personal Information Collection Statement. |
| **Date (dd/mm/yyyy):**       | **Signature:**       |

**Checklist of Forms and Documents to be submitted**

|  |  |
| --- | --- |
|  | **Forms/Documents Required** |
| [ ]  | Application form to applying short-term missions. |
| [ ]  | The applicant’s recent photograph in JPEG file. |
| [ ]  | Photocopy of the applicant’s Hong Kong Identity Card. |
| [ ]  | Photocopy(ies) of the applicant’s passport(s). |
| [ ]  | The applicant’s testimony of faith in English or Chinese.  |
| [ ]  | Registration fee HK$200 *(For Short Term service).* \*Please refer to <https://www.omhk.org/give/> for payment details. |

After we received all your documents, an interview will be arranged.