



# 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)

Long Term service/ MDT Email: [recruiting.hk@om.org](mailto:recruiting.hk@om.org) Short Term Service Email: [mobilisation.hk@om.org](mailto:mobilisation.hk@om.org)

## 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.

## A PROGRAMME DETAILS 報名項目資料

Name of Campaign: <input type="checkbox"/> LT / <input type="checkbox"/> MDT / <input type="checkbox"/> ST (please specify): Long Term Service (1-2 years or above)    MDT=Mission Disciple Training (5 months to 1 year)    Short Term service (less than 3 months)	
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: <input type="checkbox"/> Mr / <input type="checkbox"/> Mrs / <input type="checkbox"/> Miss / <input type="checkbox"/> Rev		Full Passport Name:	
中文姓名:	HKID Number:	Gender: <input type="checkbox"/> Male / <input type="checkbox"/> Female	
Nationality:	Place of Birth:	Date of Birth:	
Passport Type: <input type="checkbox"/> HKSAR / <input type="checkbox"/> BN(O) / Others:		(if any) Passport Type: <input type="checkbox"/> HKSAR / <input type="checkbox"/> 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:			
			Email:
Tel: (Mobile)	Tel: (Office)	Tel: (Home)	

## C EMERGENCY CONTACT 緊急聯絡人資料

Person to contact, in case of emergency:		Relationship with you:
Email:		
Tel: (Mobile)	Tel: (Office)	Tel: (Home)

## D FAMILY 家庭

Marital Status: <input type="checkbox"/> Never married / <input type="checkbox"/> Serious relationship / <input type="checkbox"/> Engaged / <input type="checkbox"/> Married / <input type="checkbox"/> Widowed / <input type="checkbox"/> Separated / <input type="checkbox"/> Divorced / <input type="checkbox"/> 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:		

OR

Next of Kin:		Date of Birth:
Email:		State of Health:
Tel: (Mobile)	Tel: (Office)	Tel: (Home)
Present Address:		

Other Family Members:

Name	Gender	Date of Birth	Relationship	State of Health
	<input type="checkbox"/> M / <input type="checkbox"/> F			
	<input type="checkbox"/> M / <input type="checkbox"/> F			
	<input type="checkbox"/> M / <input type="checkbox"/> F			
	<input type="checkbox"/> M / <input type="checkbox"/> F			
	<input type="checkbox"/> M / <input type="checkbox"/> F			

**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:


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							
English							
Mandarin							

Musical Ability

Area	None	A Little	Experienced	Good
Bass Guitar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guitar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flute	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keyboard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Piano	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vocal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others (Please state):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## F HEALTH 健康

Do you have any physical disability, health problem or are you on regular medication? Yes <input type="checkbox"/> No <input type="checkbox"/> (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.
- Please share your mission calling on a separate page.

When did you accept Jesus as your personal Saviour? Year	Are you baptized? Yes <input type="checkbox"/> No <input type="checkbox"/> If YES, when were you baptized? Year	
Denomination:	Name of Church (中文):	(in English):
Name of Pastor:	Title:	
Email:	Tel: (Office)	Tel: (Mobile)
Present Address:		
Please give details of another leader 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 <input type="checkbox"/> No <input type="checkbox"/> (If YES, please give details below)		
a) With your Church:		
b) With another Organisation:		

### Experience in Evangelism

Have you ever been involved in any evangelical outreach in HK? Yes <input type="checkbox"/> No <input type="checkbox"/> (If YES, please briefly explain)
Have you acquired any evangelical equipment? Yes <input type="checkbox"/> No <input type="checkbox"/> (If YES, please briefly explain)

Type of experience	No Experience	Very Little	Some	Experienced
Door to Door	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Open Air	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children's work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sketch-board	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mime/Drama	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gospel Camp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Puppets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others (Please state):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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?

2. How did you know about this campaign?

OMHK Website  OMHK Newsletter (購/Change)  OMHK Facebook  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](mailto:info.hk@om.org).

3. What are your reasons for applying to OM?

4. Please describe briefly why would you like to join this OM campaign?

5. What are your expectations for joining this campaign?

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

7. Does your family encourage/object to your involvement with OM? (Please give details)

8. Does your church encourage/object to your involvement with OM? (Please give details)

9. Do you have to raise your financial support for joining this campaign? Yes <input type="checkbox"/> No <input type="checkbox"/>
10. Do you have any other debts and/or financial commitments? <i>(If yes, please give details)</i>
11. Are you considering long-term missionary service? <i>(Please briefly explain)</i>
12. Please provide any other relevant information that we should know.
<p>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.</p> <p>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.</p> <p>I understand that I may contact the Personnel Officer of OMHK at <a href="mailto:personnel.hk@om.org">personnel.hk@om.org</a> or the mailing address stated at the beginning of this form for a request to access or correct personal data. Please refer to <a href="https://www.omhk.org/PICS-en/">https://www.omhk.org/PICS-en/</a> for the Personal Information Collection Statement.</p>
<p><b>Date (dd/mm/yyyy):</b> _____ <b>Signature:</b> _____</p>

### Checklist of Forms and Documents to be submitted

	Forms/Documents Required
<input type="checkbox"/>	Application for to applying long-term or short-term missions.
<input type="checkbox"/>	The applicant's recent photograph in JPEG file.
<input type="checkbox"/>	Photocopy of the applicant's Hong Kong Identity Card.
<input type="checkbox"/>	Photocopy(ies) of the applicant's passport(s).
<input type="checkbox"/>	The applicant's testimony of faith in English.
<input type="checkbox"/>	The applicant's mission calling in English. <i>(For MDT/ Long term service only)</i>
<input type="checkbox"/>	Registration fee HK\$200 <i>(For Short Term service)</i> . HK\$500 <i>(For MDT and Long-term service)</i> *You can make your cheque payable to "Operation Mobilisation (HK) Ltd". Please send us your cheque. Please be reminded to write your name, contact details and the name of the programme you are applying for at the back of the cheque.

After we receive your documents and recommendation, we will arrange an interview with you.