**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: 2312 6110 / Fax: 2366 2097　Website:** [**www.omhk.org**](http://www.omhk.org)

**Email:** **Outreach.hk@om.org**

### A PROGRAMME DETAILS 報名項目資料

|  |
| --- |
| Name of Campaign: **本地跨文化差傳服侍 2018** |
| Date(DD/MM/YYYY): **02/8/2018 – 10/8/2018** |

### 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.

|  |  |
| --- | --- |
| Title: [ ] Mr / [ ] Mrs / [ ] Miss / [ ] Rev  | Name: |
| **中文姓名:** | HKID Number:       | Gender:  **[ ]** Male / [ ] Female |
| Nationality:       | Place of Birth:       | Date of Birth (Age):       ( ) |
| 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: [ ] Never married / [ ] Serious relationship / [ ] Engaged / [ ] Married / [ ] Widowed / [ ] Separated / [ ] Divorced / [ ] Remarried |
| Name of Spouse:       | Date of Birth:       | Date of marriage:       |

### 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:       |
|       |
|       |

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 |       |       |       |       |
| Guitar |       |       |       |       |
| Flute |       |       |       |       |
| Drums |       |       |       |       |
| Keyboard |       |       |       |       |
| Piano |       |       |       |       |
| Vocal |       |       |       |       |
| Others (Please state):       |       |       |       |       |

### 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 ):       | (in English):       |
| Name of Pastor:       | Title:       |
| Email:       | Tel: (Office)      | Tel: (Mobile)       |
| Present Address:       |

Experience in Evangelism

|  |
| --- |
| Have you ever been involved in any evangelical outreach in HK? **Yes [ ]  No[ ]  (If YES,** *please briefly explain***)** |
|       |
|  |
| Have you acquired any evangelical equipment? **Yes[ ]  No [ ]** **(If YES**, please briefly explain**)** |
|       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type of experience | No Experience | Very Little | Some | Experienced |
| Door to Door |       |       |       |       |
| Open Air |       |       |       |       |
| Children’s work |       |       |       |       |
| Sketch-board |       |       |       |       |
| Mime/Drama |       |       |       |       |
| Gospel Camp |       |       |       |       |
| Puppets |       |       |       |       |
| Others (Please state):       |       |       |       |       |

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) [ ]**  　**OMHK Facebook** [ ]  　**Church [ ]**  　**Pastor** [ ]  　**Friend [ ]**  　**Other (*Please state*)**      I agree [ ]  **OR** I do not agree [ ]  to receive news and invitations from OMHK through email and consent to the use of my personal data for this purpose. You can opt out at any time by contacting. |
|       |
|       |
| 1. Please describe briefly why would you like to join this OM campaign?
 |
|       |
|       |
|       |
|       |
|       |
| 1. What are your expectations for joining this campaign?
 |
|       |
|       |
|       |
|       |
| 1. Please provide any other relevant information that we should know.
 |
|       |
|       |
| I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. I also hereby authorize sharing of the information furnished on this form with the Operation Mobilisation (HK) Ltd. |
| **Date (dd/mm/yyyy):**       | **Signature:**       |