

短期服侍報名表及承諾聲明 Application & Commitment Form For Short-Term Mission Trip

個人資料 Personal Information

Email Address

為方便處理,務必字體端正填寫,資料絕對保密,僅供內部使用。Please fill in this form in BLOCK LETTERS for computer processing. All data will be treated in strict confidence and for internal use only.

姓名(必須與身份證/旅遊證件上的姓名相符): Name printed on your Passport / ID: _ (英)__ (中) 性別 sex (English) Surname Given Name (Chinese) 住址: Address (辦公室)_____(手機)_ (Office) (Mobile 聯絡電話:(住家) (Mobile) (Home) 雷郵地址: 職業: **Email Address** Occupation _____日 _____日 婚姻狀況:未婚/已婚/離婚/鰥寡 Date of Birth Marital Status: Single / Married / Divorced / Widow(er) (影印本) 有效旅遊證件編號: (Please attach a copy of your ID card) Passport / 回鄉證 No. (Please attach a copy of your passport / Mainland Travel Permit) 受洗日期:_____ 所屬教會: Date of baptism: (yyyy) Name of church 學歷程度 Education □中學 □預科 □大學 □神學(包括延伸課程)_____ Secondary College University Bible Seminary 若你本會必須知道你的身體哪方面的健康狀況/病歷,並請列明你對哪些葯物過敏。 Please list your known allergies and describe any medical condition that the team leader should know. 緊急聯絡 In Case of Emergency, please contact 姓名:(中) (英) (English) Name (Chinese) 聯絡電話:(住家) (辦公室) _____ (手機) 傳真: (Mobile) Phone (Home) (Office) 電郵地址: 關係:

Relationship to you

			來表達語言能力的流向 east fluent, 5 is most		流暢,5 為最	流暢)
廣東話 Cantonese	能講 speak	能聽 listen				
國 語 Mandarin	能講 speak	能讀 read	能寫 write	能聽 listen		
英 語 English	能講 speak	能讀 read	能寫 write	能聽 listen		
其他(請列明) Other; please spec						
恩賜才幹 Sp 教導:□聖經 Teaching: Bible 事工:□兒童 Ministry: Childre 服侍:□醫療 Serving: Medica 輔助:□烹飪 Auxiliary: Cookin 請列出你在教 Please list your n	□神學 Theology □青年 n Youth □輔導 □ Counseling □繪畫設計 g Art/Graphic of	Compute 【懂樂》 lesign Play mu	Community Service 器 sical instrument; please sp	型樂/歌唱 Church music/ 教授英文 Teach English T	Singing 教授中文 Feach Chinese	□ 其他Others; please specify
你曾參與過下 What kind of min D為差傳禱告 Pray for mission 讀差傳書籍 Reading Mission 為甚麼你想參 Why do you want	istries have you p	participated? 基奉獻 □ 曾參加短』 Short-term m	ission trip Mis		Short-term min	練班 年期: istry Training Course 曾考慮成為宣教士 Consider to be a missionary
你認為你可以 In what area do y						
在參加此次行 What are some o						
告主任 / 值诺	人 签罗 ·		()

姓名 Name

Signature of Pastor



醫療短宣醫務人員專用 For Midical mission only

Acupuncturist Other _____

PROFESSIONAL INFORMATION: Prof. School Graduated: Degree Awarded:______ Year_____ Place of Fellowship:_____ Type:_______Year_____ Specialty______ Board Certified? Y N Year_____ Specialty______ Board Certified? Y N Year_____ Status: Retired - Year: _____ ☐ Active - Private Practice ? Y N Employed By:_____ LICENSES List all current licenses. A copy of each license must be attached State/Country:_____ Medical License #:_____ State/Country:_____ Medical License #:_____ OTHERS: ☐ Medical student Year____ □ Student Nurse Year____ □ R.N. ☐ E.N. ☐ Physiotherapist ☐ Pharmacist ☐ Chinese Medicine Practitioner

承諾聲明 Application Commitment

經過在神	面前懇切禱	善等候,	我感到神	帶領我參	與這次短其	期服侍行程	。我願意全	然
委身於	年	月	_日至	年	月	日之		
體驗,參與所	有出發前之	之籌備與意	川練,並	遵守團隊	《一切的政	策及規則	,特此聲明	0
簽署:			日	期:	年	月	目	
十八歲以下參加	者,必須得	家長/合法監	護人同意	及簽署,方	方為有效。			
家長/監護人姓名	:	:			_			
•	•	•					n mission trip	
and feel that Go	_	•	-	-				_
to be a member (yyyy)	or the team (mm)							1
participate in all set forth.								ìУ
Signed:		on	()	/yyy)	(mm)	(dd)		
If participant is u	under 18yea	rs of age, p	parent or I	egal guard	dian signatu	re is also re	equired:	
Parent / G	Suardian's na	me.			Signatur	۵.		