

## 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

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：

(中) \_\_\_\_\_ (英) \_\_\_\_\_ 性別 sex \_\_\_\_\_  
(Chinese) 姓 名 (English) Surname Given Name

住址：\_\_\_\_\_  
Address

聯絡電話：(住家) \_\_\_\_\_ (辦公室) \_\_\_\_\_ (手機) \_\_\_\_\_ 傳真：\_\_\_\_\_  
Phone (Home) (Office) (Mobile) (Fax)

電郵地址：\_\_\_\_\_ 職業：\_\_\_\_\_  
Email Address Occupation

出生年月：\_\_\_\_\_年\_\_\_\_\_月\_\_\_\_\_日 婚姻狀況：未婚 / 已婚 / 離婚 / 鰥寡  
Date of Birth (yyyy) (mm) (dd) Marital Status: Single / Married / Divorced / Widow(er)

身份證號碼：\_\_\_\_\_ (影印本) 有效旅遊證件編號：\_\_\_\_\_ (影印本)  
I.D. No. (Please attach a copy of your ID card) Passport / 回鄉證 No. (Please attach a copy of your passport / Mainland Travel Permit)

所屬教會：\_\_\_\_\_ 受洗日期：\_\_\_\_\_年\_\_\_\_\_月\_\_\_\_\_日  
Name of church Date of baptism: (yyyy) (mm) (dd)

### 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，並請列明你對哪些藥物過敏。  
Please list your known allergies and describe any medical condition that the team leader should know.

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**緊急聯絡 In Case of Emergency, please contact**

姓名：(中) \_\_\_\_\_ (英) \_\_\_\_\_  
Name (Chinese) (English)

聯絡電話：(住家) \_\_\_\_\_ (辦公室) \_\_\_\_\_ (手機) \_\_\_\_\_ 傳真：\_\_\_\_\_  
Phone (Home) (Office) (Mobile) (Fax)

電郵地址：\_\_\_\_\_ 關係：\_\_\_\_\_  
Email Address Relationship to you

## 醫療短宣醫務人員專用 For Midical mission only

### 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

Acupuncturist Other \_\_\_\_\_

### 承諾聲明 Application Commitment

經過在神面前懇切禱告等候，我感到神帶領我參與這次短期服侍行程。我願意全然委身於\_\_\_\_\_年\_\_\_\_月\_\_\_\_日至\_\_\_\_\_年\_\_\_\_月\_\_\_\_日之\_\_\_\_\_體驗，參與所有出發前之籌備與訓練，並遵守團隊一切的政策及規則，特此聲明。

簽署：\_\_\_\_\_日期：\_\_\_\_\_年\_\_\_\_月\_\_\_\_日

十八歲以下參加者，必須得家長/合法監護人同意及簽署，方為有效。

家長/監護人姓名：\_\_\_\_\_簽署：\_\_\_\_\_

I have prayed about my commitment to become a member of this short-term mission trip and feel that God is leading me to participate in this trip. By signing this form, I am committed to be a member of the team mission to \_\_\_\_\_ from \_\_\_\_\_(yyyy)\_\_\_\_\_(mm)\_\_\_\_\_(dd)\_\_\_\_\_ to \_\_\_\_\_(yyyy)\_\_\_\_\_(mm)\_\_\_\_\_(dd), willing to participate in all the training sessions and abide to the policy and regulation of the team that may set forth.

Signed: \_\_\_\_\_ on \_\_\_\_\_(yyyy)\_\_\_\_\_(mm)\_\_\_\_\_(dd)

If participant is under 18years of age, parent or legal guardian signature is also required:

Parent / Guardian's name: \_\_\_\_\_ Signature: \_\_\_\_\_