



APPLICATION FORM

FULL NAME (AS PER I/C): ..... EMAIL ADDRESS: .....
PHONE NUMBER: ..... DATE OF BIRTH (DD/MM/YYYY): .....
MAILING ADDRESS: .....
NAME OF CHURCH: ..... CHURCH PHONE NO.: .....
NAME OF PASTOR / CHURCH LEADER: .....
PERSON(S) THAT YOU ARE ACCOUNTABLE TO / DISCIPLED BY: .....
MINISTRY / MINISTRIES YOU ARE INVOLVED IN: .....
ARE YOU PART OF A SMALL GROUP? (PLEASE TICK ✓ ONE): [ ] YES [ ] NO
MEDICAL CONDITIONS THAT WE NEED TO BE AWARE OF (IF ANY): .....

PLEASE ATTACH WITH THIS FORM:

- 1. A ONE PAGE (A4 SIZE) ESSAY OF 'WHY YOU WOULD LIKE TO BE A PART OF THE "VIP"'.
2. PASSPORT SIZED PHOTOS (2 COPIES).

THIS IS A ONE YEAR PROGRAM AND WE STRONGLY RECOMMENDED A FULL YEAR PARTICIPATION. HOWEVER IT IS UP TO YOU TO CHOOSE THE DURATION YOU WOULD BE ABLE TO COMMIT TO (PLEASE TICK ✓ ONE):

[ ] 3 MONTHS [ ] 6 MONTHS [ ] 9 MONTHS [ ] 12 MONTHS

I'M APPLYING FOR THE FOLLOWING INTAKE (PLEASE TICK ✓ ONE): [ ] JAN 2010 [ ] APR 2010 [ ] JUL 2010 [ ] OCT 2010

CHOOSE AN AGE GROUP YOU WOULD LIKE TO BE INVOLVED IN (PLEASE TICK ✓ ONE):

- [ ] KIDS (NOT CURRENTLY AVAILABLE)
[ ] TEENS
[ ] CAMPUS STUDENTS
[ ] YOUNG WORKING ADULTS

CHOOSE TWO MINISTRY TRACKS YOU WOULD LIKE TO BE INVOLVED IN (PLEASE TICK ✓ TWO):

- [ ] GRAPHIC DESIGN
[ ] WEB
[ ] COMMUNITY
[ ] MUSIC & WORSHIP
[ ] ACTSTV

NOTE: BESIDES THE TWO YOU CHOOSE, ALL PARTICIPANTS WILL BE INVOLVED IN OUR "ADMINISTRATION & EVENTS" TRACK.

YOU WILL BE ASSIGNED TO 3 MISSION TRIPS / OUTREACHES. HOWEVER, PLEASE FEEL FREE TO LET US KNOW YOUR PREFERENCES (PLEASE TICK ✓ THREE):

- [ ] ORANG ASLI TRIPS
[ ] 'REVOLUTION' TOURS
[ ] \*OVERSEAS
[ ] MINISTRY TRIPS
[ ] MAJOR EVENTS
[ ] COMMUNITY PROJECTS

\*PASSPORT REQUIRED FOR OVERSEAS MISSIONS TRIPS.

CLOSING DATE: 06 DECEMBER 2009

INTERVIEWS WILL BE DONE FROM THE WEEK OF 13 DECEMBER 2009 ONWARDS.

IF SUCCESSFUL IN YOUR APPLICATION, CLASSES WILL COMMENCE IN JANUARY 2010.

PARENT'S / GUARDIAN'S PERMISSION (IF PARTICIPANT IS BELOW 18 YEARS OLD)

I, ..... PARENT / GUARDIAN, HEREBY GIVE PERMISSION FOR MY CHILD / WARD, ..... TO PARTICIPATE IN THE ACTS VOLUNTEER & INTERNSHIP PROGRAMME (VIP)

AND ALL ACTIVITIES CONNECTED WITH IT.

I GIVE MY PERMISSION FOR MY CHILD / WARD TO PARTICIPATE IN THE ENTIRE PROGRAMME.

I WILL NOT HOLD THE MANAGEMENT RESPONSIBLE FOR ANY INJURIES OR MISHAPS THAT OCCUR DURING THE COURSE OF THE PROGRAMME.

I AGREE THAT THE MANAGEMENT OBSERVES STANDARD SAFETY PRECAUTIONS AND THAT SAFETY IS AN ESSENTIAL ELEMENT OF THE ACTIVITIES OFFERED.

SIGNATURE: .....

NAME: .....

IDENTIFICATION CARD NO: .....

RELATIONSHIP: .....