

# Summer Outreach Teams Application Form

Title  Name

Surname

Address   
  
 Postcode

Daytime phone number

Mobile phone number

Email

Date of birth

Occupation

Congregation

Presbytery

## Referees

(One should be your minister unless if a relation - then the Clerk of Session)

Name

Address   
  
 Postcode

Telephone

Email

Referees cont.  
Name

Address   
  
 Postcode

Telephone

Email

Describe how you came to faith in Jesus Christ, and your relationship with God today?

If you have served on previous PCI YAC teams or have experience of this type of service, please give details with dates and the level of your involvement.

Why would you like to come on a PCI YAC team this summer?

# Summer Outreach Teams Application Form (Cont.)

The following teams are those we hope to send out in the summer of 2012. Please indicate those you would like to serve on, in order of preference (i.e. 1, 2, 3). PLEASE NOTE (16 is the lower age limit, except for Friendship House, Woodvale and Craigy Hill teams, where a restriction of 18+ applies). Please do not apply to more than one team if they run back to back. (Maximum of 2 Teams)

	Team 1	Team 2
<b>Scrabo, Newtownards</b> 30 June – 7 July	<input type="checkbox"/>	<input type="checkbox"/>
<b>Newry</b> 30 June - 8 July	<input type="checkbox"/>	<input type="checkbox"/>
<b>Letterkenny &amp; Trenta</b> 30 June – 8 July	<input type="checkbox"/>	<input type="checkbox"/>
<b>Mullingar, Co. Westmeath</b> 6-15 July	<input type="checkbox"/>	<input type="checkbox"/>
<b>Bailieborough, Co. Cavan</b> 14-21 July	<input type="checkbox"/>	<input type="checkbox"/>
<b>Cavanaleck &amp; Aughtentine, Co. Tyrone</b> 14-22 July	<input type="checkbox"/>	<input type="checkbox"/>
<b>Aghadowey</b> 21-28 July	<input type="checkbox"/>	<input type="checkbox"/>
<b>Orritor &amp; Claggan, Co. Tyrone</b> 21-28 July	<input type="checkbox"/>	<input type="checkbox"/>
<b>Donegal Town</b> 21-28 July	<input type="checkbox"/>	<input type="checkbox"/>
<b>Magherahamlet, Co. Down</b> 21-29 July	<input type="checkbox"/>	<input type="checkbox"/>
<b>Friendship House</b> 28 July – 4 August	<input type="checkbox"/>	<input type="checkbox"/>
<b>OC Randalstown</b> 28 July – 4 August	<input type="checkbox"/>	<input type="checkbox"/>
<b>Ballyholme, Bangor</b> 4-12 August	<input type="checkbox"/>	<input type="checkbox"/>
<b>Woodvale</b> 4-12 August	<input type="checkbox"/>	<input type="checkbox"/>
<b>Faughanvale</b> 11-19 August	<input type="checkbox"/>	<input type="checkbox"/>
<b>Kilkenny</b> 11-19 August	<input type="checkbox"/>	<input type="checkbox"/>
<b>Craigy Hill</b> 11-19 August	<input type="checkbox"/>	<input type="checkbox"/>
<b>1st Magherafelt</b> 11-19 August	<input type="checkbox"/>	<input type="checkbox"/>
<b>Urban Eyes</b> 18-24 August	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate your T-Shirt size S  M  L  XL  XXL

In signing this form you agree to undergo any check which may be required by the Church, or under law, in respect of your suitability to do this work and understand that any appointment will be subject to those checks being made. Have you ever been convicted of a criminal offence or are at present the subject of criminal charges?

Yes  No

If yes\*, please state the nature and date(s) of the offence(s)

This form must be signed below\*\*

Signed	Date

IF UNDER 18, the signature of a parent or guardian is also required.

Signed	Date

PLEASE NOTE:

\*The disclosure of any offence may be no bar to your appointment  
\*\*Because of the nature of the work for which you are applying, you are advised that under the provisions of the Rehabilitation of Offenders Order (NI) 1987 as amended by the Rehabilitation of Offenders (Exceptions) (Amendment) Order (NI) 1987 you should declare all convictions including spent convictions.

Please complete and print out all four pages and return to the Youth and Children's Office, Assembly Buildings, 2-10 Fisherwick Place, Belfast, BT1 6DW along with a cheque payable to PCI for £/€45 per team. **Don't Post Cash.**

## Dates For Your Diary

### The Word

### New Young Adults Conference 24th - 26th August

An opportunity to receive Bible teaching, enjoy worship and fellowship.

**Come and be refreshed after serving God on your team.**

### Summer Mission Training Day Saturday 23rd June

# Summer Outreach Teams Questionnaire

Name

Team

Please indicate if you have experience in any of the following areas:

	Just a little	Quite a lot	Willing to learn
Sunday school teaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Door to door	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Small group work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organising games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drama	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Art	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Singing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playing music*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*What instrument(s)?

Would you be able to provide transport?    Yes     No

Please tick this box to confirm that you have a full clean driving license and appropriate insurance

If under 18 years of age, the signature of a parent or guardian is required to give permission to travel by car during the team and also for permission to take photographs on the team

Signed

Date

Please return with your application form

# Summer Outreach Teams General Health Form

Name of Team:

Team Dates

From  To

Surname

First Name(s)

Date of Birth

## In an emergency you should contact the following person

Name

Relationship

Address

Postcode

Day time Telephone

Evening Telephone

Family Doctor Name

Address

Postcode

Telephone

Code    Number

Do you have any illness/condition which may require attention while on the Team?

Are you allergic to anything?

Do you require a special diet?

Are you receiving any medical treatment at present?

YES  NO

If yes please give details

Date of last anti-tetanus

Do you have any additional support needs?

## Emergency Permission

I authorise (Team Leader)

and/or (Assistant Leader)

to give permission to the doctor to undertake whatever treatment is considered necessary.

Signed Team Member

Signed (Parent/ Guardian, if under 18 years of age)

Date

## Note:

**All information will be held in confidence.**

Your Team Leader should be advised of any medication which you will be taking during the time you are on the team. Please ensure that you advise him/her when you arrive.