



CCSM New Zealand Team Application Form



NZ\$150 non refundable deposit is due with each application. This is part of the team cost.
(CCSM New Zealand team account 12 3136 004 3732 01)

Please type or complete this form in capital letters:

TYPE OF TEAM : _____

TRAVEL DATES: _____

FULL NAME: First: _____ Last: _____

ADDRESS: _____

_____ CODE: _____

EMAIL: _____

TELEPHONE: Day: _____ Evening: _____

DATE OF BIRTH: _____ Age when travelling: _____

COUNTRY OF BIRTH: _____ NATIONALITY: _____

MARITAL STATUS: _____ NO. OF CHILDREN: _____

OCCUPATION: _____

QUALIFICATIONS: _____

IF MARRIED, SPOUSE'S NAME _____

Please give details of your next of kin or person to contact in case of emergency:

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

_____ POSTCODE: _____

TELEPHONE: Daytime: _____ Evening: _____

Passport Details:

Do you presently have a valid passport? _____

Nationality of Passport: _____ Passport No: _____

Expiry Date: _____ Place and Date of Issue: _____

Please confirm how your name appears on your passport:

NOTE: It is the responsibility of each team member to be in possession of a valid passport for entry into the country of destination. Failure to have a passport when needed could result in the member being unable to travel. If this were to occur, the individual would be liable for any unrecoverable costs incurred.

CHURCH / COMMUNITY LIFE

Do you regularly attend church? (yes/no) _____

If yes, please give the name and address of your home church:

Denomination?

Do you have any particular role/responsibilities in your church? (yes/no) _____
If yes, please give details:

Please tell us of any involvement with any organizations/groups/clubs/etc. other than those connected with your church:

Do you now, or have you held, a position of leadership? (yes/no) _____

If yes, please give details:

Do you possess skills which may serve the focus of the mission trip for which you are applying (music, occupational, international studies, etc.)? _____
If yes, please give details:

What hobbies or sports do you enjoy?

Do you speak any other languages? _____

On a separate sheet of paper, please type or print the following information

- Please describe briefly how you came to know Jesus Christ as your Lord and Savior:
- What religious books or Christian periodicals have influenced you most?
- How did you hear of CCSM New Zealand?
- Why do you desire to take part in this programme?
- Please list anything else that CCSM New Zealand should know about your situation.

Health Form

To the applicant: This information is treated confidentially

Team you are applying for _____ Beginning date _____

Mr/Mrs/Miss _____

Personal History *(Please answer all questions)*

Have you ever had, or do you now have, any of the following:- (*Tick as applicable)

- | | | | | |
|--------------------|--------------------------|-------------------|---------------|--------------------------|
| Skin Conditions | <input type="checkbox"/> | Allergies: | Hernia Repair | <input type="checkbox"/> |
| Eye Trouble | <input type="checkbox"/> | Penicillin | Ulcers | <input type="checkbox"/> |
| Ear Trouble | <input type="checkbox"/> | Sulphonamides | Hepatitis | <input type="checkbox"/> |
| Head Injury | <input type="checkbox"/> | Serum | Diabetes | <input type="checkbox"/> |
| Recurrent Headache | <input type="checkbox"/> | Food (specify) | Anaemia | <input type="checkbox"/> |
| Epilepsy | <input type="checkbox"/> | | Tumour | <input type="checkbox"/> |
| Fainting Spells | <input type="checkbox"/> | Asthma | | |
| Mental Disorder | <input type="checkbox"/> | Hay Fever | | |
| Paralysis | <input type="checkbox"/> | Heart Trouble | | |
| Insomnia | <input type="checkbox"/> | Blood pressure | | |
| Are you pregnant? | <input type="checkbox"/> | Arthritis | | |

Other _____

Comment on ALL POSITIVE ANSWERS here _____

Is there anything else we should know? _____

Are you at present under doctor's care for any condition? YES NO

If YES, specify _____

Are you taking medication at this time? YES NO

If YES, specify _____

Do you have good physical endurance and stamina? YES NO

Able to walk 3 kms in 30 minutes and climb to the 5th floor? YES NO

Other comments: _____

Declaration

I declare that, to the best of my knowledge, all information given in this medical form is correct.

Signature of applicant: _____ Date _____

Have you been to China before? (yes/no) _____

If so, were you part of a short term mission team? _____

Does your passport reflect these visits? _____

Please list the names and email addresses of two people (one of whom should be your minister/pastor) well-acquainted with you and your qualifications, who would be willing to serve as reference. Please check that they are available to do this....

We will contact them directly.

Name: _____
Address: _____

RELEASE AND CONSENT

I understand that failure to disclose relevant information may result in my application being declined. If this were to occur, I understand that I would be held liable for all unrecoverable costs. I realize relevant disclosure is essential for my own welfare, as well as the welfare of other team members.

In consideration of being allowed to participate on a Chinese Church Support Ministries mission trip, I hereby release and agree not to hold Chinese Church Support Ministries liable or responsible for injury to myself (or my family) of any kind, including, but not limited to, bodily injury, emotional distress, or economic loss that I may sustain as a result of, or otherwise occurring, while I am acting in the above capacity.

I voluntarily assume any and all risk associated with my participation on the trip for which I am making application and its related activities.
I agree to the terms and conditions attached.

NAME _____

SIGNATURE _____ DATE _____

Please return this application form together with a **non-refundable** deposit of **\$150** to the address below:

CCSM New Zealand
PO Box 76653
Manukau
Auckland 2241
New Zealand

Or email to newzealand@amccsm.org
Bank details:
CCSM New Zealand team account
12 3136 004 3732 01



Antioch Missions Chinese Church Support Ministries

TERMS AND CONDITIONS FOR ALL TRIP PARTICIPANTS

INTRODUCTION

The following information attempts to cover as many details as possible in respect of your application to join the Chinese Church Support Ministries ministry trip. Please read these details carefully before you complete the application form. Due to the time span between producing this leaflet and the actual date of travel it is not always possible to give you all the information about the team. However, if you are accepted as a team member, you will be given full details prior to departure. If you have any questions, then please do not hesitate to contact your local CCSM office.

ACCEPTANCE

In order to be accepted on to a ministry team, the following requirements must have been met:

A completed Application Form and deposit of \$150 are received by CCSM New Zealand.

Two references have been received confirming that you are suitable and able to take part in the ministry trip.

You have read and agreed to these Terms and Conditions.

PASSPORT

It is the responsibility of the applicant to ensure that they have a valid passport to travel to the country of their destination. Failure to have a passport when needed could result in being unable to travel. If this happens, you will be liable for all costs incurred by CCSM New Zealand on your behalf. Please note that your passport should be valid for at least six months after the date of your departure.

TRAVEL INSURANCE

It is a requirement that all team members organize their own comprehensive travel insurance prior to their arrival in China. You will need to provide evidence of this to the team leader before the team departs for China.

FINANCE

The deposit and subsequent team costs are payable to CCSM prior to departure. The payment date will be advised on acceptance. It is essential that all payments are received by CCSM on or before the due date. In the event of a cancellation the deposit is non-returnable. All payments made by CCSM on behalf of team members will still be payable unless covered under the terms of the travel insurance. Any cancellation must, therefore, be in writing and covered by a doctor's certificate in the event of ill health. Every effort is made to ensure that costs do not change.

HEALTH

Please make sure that you consult with your doctor concerning the necessary vaccinations for travelling throughout China, both in the rural areas as well as the major cities. As vaccination requirements are continually changing, you need to check this before each team. We strongly recommend that you follow the advice of your doctor in this regard.

Some of our Intercession and Mercy teams travel to high altitude areas of China with altitudes of 1500-3000 metres. Most people experience little or no side effects, however on occasions some team members have experienced symptoms such as breathlessness, headaches, dizziness, fatigue, disrupted sleep patterns or loss of appetite. Symptoms usually last only a day or so and then they return to normal.

However, some medical conditions can be seriously exacerbated by higher altitudes. These are: Sickle Cell Anemia, Severe COPD/Asthma, Pulmonary Hypertension, Uncompensated Congestive Heart Failure. Unfortunately, if you have any of these medical conditions you will be unable to join teams traveling to high altitudes. Please ensure you consult with your doctor if you have any queries or concerns.

PARTICIPATION

Team members will be required to participate fully in the activities of the team and comply with the instructions of team leaders at all times. Failure to comply may result in the team member concerned being sent home at his/her own expense.

PERSONAL PROPERTY

It is understood that all personal property is the responsibility of the individual concerned. It is strongly recommended that you do not take expensive jewellery or other such items with you on the trip.

CONFIDENTIALITY

Do not disclose the address or telephone numbers of where you are going to anybody other than your next of kin.

Do not give any newspaper, radio or television interviews without obtaining written permission from the CCSM office.



National Director
CCSM New Zealand

Email: newzealand@ccsm.org
Office: 09 924 6728
Mobile: 0275 983149
Website: www.amccsm.org
NZ website: www.ccsm-nz.org

CCSM New Zealand
MissioNZ Centre
20 Amersham Way
Manukau City
PO Box 76653
Manukau
Auckland 2241